

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

Annual Report 2004/2006

1st April 2004 - 31st March 2006

Produced by Members of the
Patients' Forum for the LAS
www.patientsforumlas.org.uk

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PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

Annual Reports: 2004-2006

Bill Marks

Bill Marks tragically died on February 22nd. His life touched so many people and whether he was caring for a sick friend, or raging against injustice, he was always 100% committed to the task. Bill was a great health campaigner. He was a loyal member of City and Hackney CHC for many years, worked at the Association of CHCs in its final few months and was a founding member of the Patients' Forum for the LAS.

Working with Bill in any capacity was always inspirational. He was a doer and a creator and had a great sense of humour. No task ever seemed to be too difficult or too much trouble for him. He was the engine that made things work in community organisations and a campaigner both locally and nationally who was impatient for change. Bill's energies in the months before he died were targeted at improving stroke services in hospitals across London and it is a sad irony that just a few weeks ago, Bill was making recommendation to the Forum's meeting at City Hall to improve stroke care and then sadly and suddenly succumbed himself.

Let's remember Bill's great work, his passion for justice, his commitment to the community and most of all, that all who knew him have lost a dear and caring friend.



Bill Marks with Daisy Ogunro FSO, John Huggins and Mick Connett AOMs

Key Achievements of the Patients' Forum

- Cat A Target - Investigating the 25% of serious cases who don't get an ambulance in 8 minute
- Engaging with the LAS to develop better stroke services across London and campaign to develop stroke units in every NHS Trust across London
- Working to transform the LAS work force so that it reflects London's diverse population.
- Exploring quality standards of Patient Transport Service across London
- Persuaded Government to ban private vehicles from using the emergency vehicle Battenberg markings.
- Agreement reached with LAS on use of Living Wills/Advance Directives
- Visiting programmes of ambulance stations across London
- Monitoring of LAS standards and progress with achieving key targets.
- Supporting the development of paramedic services in Uganda

The Patients' Forum for the LAS

The Forum is a statutory body, which monitors ambulance services across London and in particular, their effectiveness in meeting the needs of patients, carers and the public. Our right to inspect services and to access the information that we require, is conferred by Parliament.

The Aim of the Forum is to promote the involvement of patients and the public in the monitoring and development of ambulance and emergency health services. We raise awareness of the needs and views of patients and the public, by placing them at the centre of the LAS where decisions are made.

The Forum is made up of local people who all play an active role in the development of more effective and more sensitive health services. We have 15 members who are all volunteers.

The Forum's work is focused on the:

- 1 Effectiveness of ambulance services in meeting the health needs of people in London
- 2 Quality of individual episodes of care provided to patients
- 3 Philosophy of care provided through ambulances services
- 4 Standards which govern the provision of patient care
- 5 Local, regional and national strategies that determine how patients care is planned and provided and to whom.

Resources for the Forum:

The Forum was established in 2003 by CPPIH (Commission for Patients and Public Involvement in Health). Virtually no resources were provided to the Forum during 2003-2005 from CPPIH's £35 million budget, and our effectiveness has therefore been dependant entirely upon the voluntary labour of our excellent members. CPPIH and Health Minister Rosie Winterton have failed completely to provide the resources promised to Forums when they were set-up two years ago.

However, from the end of 2005 a new Forum Support Organisation provided by the CPPIH has given a very good and supportive service through their

support worker, Daisi Ogunro. Nevertheless, we have no public office and the resources available are a far cry from what would be required to provide a pan-London service to work with users of emergency and patient transport services.

Diversity in London's Ambulance Services

The Forum has been concerned about communication issues in the LAS. Many service users, both those who telephone for an ambulance and patients who travel in emergency and patient transport vehicles do not speak English, or do not speak English sufficiently to accurately describe symptoms when there is a medical emergency. Many other people have a range of communication disabilities that limit their ability to communicate effectively with the Emergency Operations Centre at the LAS when an emergency ambulance is required.

LAS statistics published in 2004 showed that 92% of front line paramedics and technicians were white British. The Forum is concerned about the compliance of the LAS with Race Relations legislation and also that front line staff do not reflect the population they serve in terms of ethnic background. This deprives the LAS and service users of the language and cultural knowledge and skills required in a modern, effective, patients centred ambulance service. The LAS acknowledge these problems and is committed to transforming the LAS so that it reflects London's population and to develop the front line skills needed to provide service in a multi ethnic and multi-cultural society.

In order to equip the Forum to better advocate for service users we carried out research into the views of BME communities in London in 2005, to understand more about their experience of ambulance services and to seek their advice on the way forward. The Forum has also taken the following action:

- 1 A public meeting of the Forum held at Congress House, which highlighted issues about the staff training in diversity and the ethnic composition of the workforce. We also regularly raise this issue at LAS Trust Board meetings.
- 2 Continuous work with the LAS Diversity and Human Resources

Departments to develop a work force which reflects the ethnic diversity of communities across London and to promote effective training of all LAS front-line staff in diversity and race equality.

Key Forum members on this issue: Saleha Jaffer, Mary Arayo, Lena Wanford and Louisa Roberts.

Emergency Communication Systems for Patients with Hearing Disabilities

All meetings of the Forum have British sign language interpreters present.

Forum members have been discussing with the LAS how it can provide an effective emergency service to people with hearing disabilities that equals that provided to the general population. Such a system would require:

- 1 Effective communication with the Emergency Operations Centre, e.g. a system that allows people to register with the LAS, so that mobile phones can be used for texting in an emergency.
- 2 Effective communication with front line staff during diagnosis, treatment and transport to A&E.

Detailed consultation between users and the LAS will be required to ensure speed, safety and acceptability of the system that is adopted. We are also promoting the training of LAS staff to improve their communication with hearing impaired patients'. This work has led to the issue being prioritised by the LAS's patient and public involvement committee and a meeting between the LAS and the Royal National Institute for the Deaf in March 2006.

Our key objectives are to promote the development of a system that enable hearing impaired people to:

- Communicate effectively and confidently with the LAS
- Have greater and faster access to the emergency services
- Know how to discuss problems with the LAS in order to improve service provision.
- Increase the appropriate use of texting, sign language and visual

communication

Key Forum member on this issue: Mark Mitten and Robin Standing.

Improving Emergency Care for People who have suffered from Stroke

Three recent reports have identified the need to develop effective services in the NHS for the acute treatment of stroke; the National Audit Office Report: 'Reducing Brain Damage-Faster Access to Better Stroke Care, published in 2005, the Royal College of Physicians 'Stroke Audit' of 2004 (and being repeated in 2006) and the National Service Framework for the Elderly (section 5), 2001.

In collaboration with the Stroke Association, the LAS has responded to the demand for better, faster stroke services through the introduction of the FAST into the training programmes for front line ambulance staff (Facial weakness - can the person smile? Has their mouth or eye drooped? Arm weakness - can the person raise both arms? Speech problems - can the person speak clearly and understand what you say? Test). Patients positive for FAST should be taken to a hospital with access to urgent CT scanning (within 3 hours of onset of symptoms) and a stroke team capable of administering (if appropriate) clot-busting drugs and providing comprehensive acute stroke care.

On finding that there were apparently only two Stroke Units in London with direct LAS access to a stroke team, able to administer clotbusting Thrombolysin, the Forum initiated its own review of acute stroke service commissioned by PCTs for London. We discovered a wide range of services, ranging from 9-5pm open access services in two hospitals to many with no acute stroke unit. The Forum will continue to press for high quality open access services with immediate CAT scanning in every hospital in London. To do this we will:

- 1 Use our influence in the Pre-Hospital Guidelines Group for Stroke through our representative Lena Wanford to promote effective acute stroke services across the UK
- 2 Collaborate with the LAS to secure an agreement with all PCTs in

London to commission direct access for front-line ambulance staff to stroke units for patients positive for the FAST

- 3 Work with the Stroke Association to press the DH to require every NHS Trust to establish a stroke unit capable of providing immediate scanning and appropriate treatment.
- 4 Work with local Patients' Forums to encourage them to make local demands on PCTs and NHS Trusts to provide the level of service described above.

Key Forum members active on this issue: Lena Wanford and Bill Marks

Life Threatening Conditions - Is the 75% Target Rational?

Life threatening Cat A calls to ambulance services must be answered within 8 minutes - but only in 75% of cases. The Forum has been seeking information about the resources that would be required to improve the response for Cat A calls from 75% to 98%, because whilst the A & E target requires 98% of patients to be seen and admitted or discharged within 4 hours - in the case of the 8 minute target for critically ill people, whose lives are at risk, 25% of patients with 'immediately life threatening conditions', potentially suffer greater mortality and morbidity because an ambulance can't get to them within 8 minutes.

The Forum has challenged the rationality of this target, challenged the Government to justify the target and asked Health Minister Lord Warner to consider changing the target so that category A calls receive an 8 minute response in 98% of cases. We put the following key questions to the Health Minister, Lord Warner and then met Peter Bradley the National Ambulance Adviser and Sir George Alberti the National A&E adviser to put our case.

- 1 What are the clinical outcomes for the 25% of patients, designated as requiring 'immediate, life threatening care' within 8 minutes (Cat A calls), for whom clinical care, from an ambulance service does not arrive within 8 minutes?
- 2 What evidence is there that this group of patients (the 25%) are more likely to die or suffer greater morbidity?

- 3 Does the Department of Health have any data about the clinical outcomes for the 5% of Cat A patients who do not receive care even after 14 minutes?
- 4 What would be the national cost of raising the standard for all Cat A calls to 98%?

Although many steps are currently being taken to improve ambulance services ('Taking Healthcare to the Patient' 2005), including plans to start the 8 minute 'category A' clock on receipt of 999, we are not satisfied that the Plan deals with the irrationality of the 75% target and we are concerned that Category B calls (patients with urgent, but not life threatening conditions) will now wait even longer for care (19 minutes instead of 14).

Key Forum members active on this issue: Lena Wanford and Malcolm Alexander

Emergency Medical Services in Developing Countries

The Forum's interest in promoting the growth of emergency medical services in developing countries was stimulated by the Government's active support for the Millennium Development Goals, which aim to radically transform public services provided in developing countries. Following a meeting between Mary Arayo and the Acting Head of the Health Service in Uganda, Dr Okware, a letter was sent to Peter Bradley, the Chief Executive of LAS asking for access to LAS expertise to assist in the development of Uganda's emergency services and their achievement of the Millennium Development Goals (MDGs).

Uganda is one of the poorest countries in the world, with a small tax base, private insurance affordable only by a small elite and where donor aid is essential to close the country's financial gap. Success with meeting the MDGs will require an adequate flow of resources from high-income countries on a sustained and well-targeted basis. Uganda is striving to develop paramedic services in both urban and rural areas, especially for those who are poor or destitute and need to be conveyed to public hospitals and

dispensaries. They particularly need to develop trauma and accident care and improve communications between health facilities and isolated communities. Dr Okware suggested that in exchange for support from the LAS, that LAS staff could gain enormous experience from spending time working with communities in Uganda, providing an opportunity for exposure to and experience of ethnically, linguistically and culturally diverse communities.

The Forum has made the following progress with this project:

- 1) Meeting with Dr Okware, Director General of the Ugandan Health Service
- 2) Letter from Dr Okware to Peter Bradley, LAS
- 3) Letter from Mike Mukula, Uganda Health Minister to Forum suggesting twinning arrangements.
- 4) Contacts with two Ugandan non-governmental organisations re needs assessment.
- 5) Meeting with Steve Irving, Assistant to Peter Bradley, CE LAS
- 6) Discussion with Chair of King's Healthcare to gain his support.
- 7) Meeting with the Tropical Health Education Trust who agreed to collaborate in the development of this project.

Key Forum member on this issue: Mary Arayo

Effectiveness of Emergency Planning in London

In October 2006 the Forum held its second meeting on the effectiveness of the LAS's contribution to emergency planning and response to attacks on London. The October meeting was addressed by Martin Flaherty, LAS Assistant Chief Ambulance Officer and focussed on the July 7th bombings. During his presentation, Martin acknowledged that the LAS had decided to revert to the use of pagers in any future emergency situations, so as to avoid a repeat of the mobile phone communication breakdown encountered on July 7th. He also confirmed that the mobile phone systems had become overloaded on July 7th because of the high volume of calls. Later investigations revealed that without consultation with the LAS, the City of London Police had instructed the mobile phone companies to close their systems down to leave the networks free for the emergency services.

The Forum decided to make a recommendation on this issue to Health

Minister, Rosie Winterton and to the London Assembly scrutiny into the emergency services response to the July 7th bombings -

"We call on the public to avoid the use of voice calls as much as possible during emergencies such as the 7/7 bombings, and for them to use text messaging instead. It is a small sacrifice worth making to avoid a repeat congestion in the system, and would enable vital communication of the emergency services to be made uninterrupted at such crucial times. We hope the public and the mobile network operators would support this idea."

The Forum also praised LAS staff for their dedicated and professional handling of the emergency situation created by the bombings.

Key Forum members active on this issue: Bill Marks and Florence Odeke

Quality standards of patient transport services (PTS)

Following reports from patients and patients groups across London of deteriorating standards of PTS after the privatisation of many of these services, the Forum decided to gather information about these services and make it available to service users and community organisations. Our objective was to seek ways of achieving better PTS for patients - we felt it our duty to look at patient care in London, regardless of where and by whom that care was provided. The Forum wrote to nine PTS providers with the questions shown below, but were appalled that six private ambulance services refused to provide basic information about patient care and quality standards that we sought. Only two private services and the LAS, provided the information we sought, which was as follows:

- 1) Do PTS staff receive First Aid training?
- 2) Do you have a diversity policy in relation to service provision?
- 3) Do you have an interpretation service in connection with the transport of non-English speaking patients?
- 4) Can we have a copy of your Service Standards including aspects concerned with patient care and clinical risk?
- 5) Can we have details of your policy for supplying assistance to the emergency services during national disasters, e.g. July 7th 2005?

- 6) Can we have details of your PPI policy and PPI leaflets, meetings with patients and patients groups, feedback from users and complaints over the past year?
- 7) Can we have details of the steps you are taking to comply with the new rules on vehicle livery and marketing materials (DH 14th September 2005)?

The Forum raised this matter with Lord Warner, Minister of State for Health Delivery, pointing out that users must be involved in the design of services and influencing local priorities for services and sought the following assurances:

- The procurement process for PTS by local NHS Trusts will be reviewed and revised to ensure that there is a level playing field between the NHS and private providers in terms of service quality, PPI and the supply of information. This is required to reverse the current situation in which patients appear to get an inferior service when that service is provided by a non-NHS provider.
- That contracts are allocated on the basis of quality, not on the basis on price alone as appears to happen at the moment.
- That all ambulance providers are obliged by contract to respond fully to all information requests by Patients' Forums.
- That all ambulance providers are obliged to demonstrate that they can comply with the seven categories described above.
- That the DH obliges PCTs, NHS Trusts and Foundation Trusts in London, to insert the following sentence into their contracts with non-NHS providers: "The powers of the LAS Patients' Forum in relation to the LAS shall be deemed to apply to all PTS contractors."

Key Forum members active on this issue: Peter Scott Presland and Malcolm Alexander

Sickle Cell Crisis

The Forum is concerned about services for people with sickle cell and in particular their right to choose which hospital they receive care from when they are in crisis. This is important for continuity of care, because people with sickle cell usually receive care from the same hospital over many years; often since childhood. The Forum is also promoting the development of joint 'clinical audits' of the care of people with sickle cell by the LAS and the A&E department to which they have been taken. This process can help monitor the effectiveness of care and pain control during a crisis and lead to more appropriate services in the future.

The LAS has agreed that pain control is an area, which needs improvement for both adults and children. Measurement of pain and responding effectively and sensitively to patients in severe pain are now priorities, and the LAS has developed new protocols for paramedics to give more powerful pain relief intravenously and has increased the range of drugs available. The LAS has also agreed that 'crews are not obliged to take patients to the nearest hospital to the incident/home address, or to the hospital that would be most quickly reached' i.e. there is now room for flexibility.

Our objectives for this project are to:

- Increase awareness in the LAS of the needs of patients with sickle cell disorders
- Create improvements in their clinical care
- Provide a choice of A&E department, i.e. ensuring that LAS front-line clinical staff offer these choices to patient in crisis.
- Work closely with Oscar (Organisation for Sickle Cell Research) to develop better local services across London

Key Forum Members active on this issue: Florence Odeke and Louisa Roberts

London Ambulance Service NHS Trust

Emergency Operations Centre (EOC)

The Emergency Operations Centre is located at Waterloo and is responsible for receiving 999 calls for ambulances and despatching vehicles. During a visit to the EOC in February 2006 the following observations were made:

- 1 Despatch times for Fast Response Units (FRUs are cars intended to reach the patient more quickly than ambulances) should be reviewed, because of reports that dispatch is too slow, resulting in FRUs arriving with the patient later than the ambulance. This appears to make a mockery of a system designed for more rapid response. Statistics are being sought to clarify relative deployment times for FRUs and ambulances and arrival times on the scene.
- 2 The EOC has been in its current environment for approximately 10 years and is in need of modernisation and re-wiring
- 3 An average incoming emergency call take 2/3 minutes to deal with, which adds to the total time for arrival of ambulance from receipt of call to arrival of an ambulance, i.e. an 8 minute arrival time may actually be an 11 minute arrival time. The LAS are committed to removing this trough time by April 2007. The Forum will closely monitor the situation.
- 4 The London Ambulance Service and Metropolitan Police Service have linked computer systems to request each other's assistance and to update each other on CADS (computer assisted DS), but the London Fire Brigade does not have this sort of facility. The Forum is investigating progress towards linking up all three services.
- 5 The LAS should pilot the use of a poster for urgent/non-emergency calls from residential homes, showing types of injuries and conditions for which a call to the LAS is not appropriate. The use of an urgent/non emergency phone number should also be piloted for these cases and should include a clinical review of this system to ensure that the non-emergency number is not used inappropriately for emergency calls.

Key Forum member active on this issue: Alex Turner

Emergency Asthma Care-A Study of Patient's Views

In 2005 there were over 9000 calls to the LAS from people suffering from acute asthma attacks, ranging from 470 calls in Haringey to 134 calls in Sutton. The call incidence broadly reflects levels of deprivation across London. The Forum has been working with Asthma UK and the LAS to look more closely at the experience of asthma sufferers with the emergency ambulance services. The project has a local focus in Camden, in an attempt to find whether local networks could be established to work proactively with asthma sufferers to reduce the number of acute attacks of asthma, and develop better local services. The collaboration led to a survey of all asthma sufferers in Camden who were members of Asthma UK to gather information about user's experiences of ambulance journeys, clinical care and the treatment received in A&E. The next stage of the project will be a more detailed survey, using face-to-face interviews, to find out more about peoples experiences of emergency services. It is possible that where there is high usage of the ambulance service for people with asthma, this might indicate gaps in other (preventative or monitoring) services in primary care. If this project has useful outcomes, similar surveys could be carried out in other areas of London, e.g. in areas of high ambulance demand for particular chronic conditions.

Research by the London Health Observatory demonstrates that the incidence of frequent service users correlates with the deprivation of the borough in which they live and that the most common single cause of frequent admission amongst younger people is sickle cell anaemia. Finding out more about these groups of patients and the services they use will both contribute to the development of the LAS's chronic conditions strategy, and we hope substantially improve health care for people in London with chronic illness.

The next steps in this project will be:

- Face to face interviews with asthma sufferers.
- Establishing links with acute and primary care services in Camden to

- discuss the role of preventative services in reducing acute attacks of asthma.
- Working with the Patients' Forum covering the Royal Free Hospital in Camden to arrange interview with patients admitted with acute asthma attacks.

Key Forum Member active on this issue: Malcolm Alexander

Public Scrutiny of the London Ambulance Service

In 2004 the London Assembly in conjunction with borough councillors from six London boroughs established the London Ambulance Review Advisory Committee, as a device to examine the performance of the LAS, their relationship with other emergency services and their progress in achieving service improvements. The Forum gave evidence to the Scrutiny Panel and the outcome was published in May 2004, however no mechanism was established to ensure that the recommendations were implemented. The eight recommendations were concerned with:

- Hand over time of patients from the LAS to A&E Departments
- Improvements to the non-emergency Patient Transport Service
- Development of services for patients who are mentally ill
- Response to child protection issues
- Expansion and development of patient and public involvement in the LAS
- Adequate financial and administrative support for the Patients' Forum
- Skills, training and development of staff
- Diversity in the LAS e.g. 92% of paramedics and technicians were white British.

In April 2006 the Forum held a public meeting at City Hall to the LAS were invited to demonstrate that they had implemented the recommendation. All members of the original scrutiny panel were invited to participate in the Forums review of the scrutiny exercise.

Key Forum Members active on this issue: All members

Communicating with other Forums

The Forum has a remit to monitor ambulance services provided the whole of London and in order to do this most effectively, it was agreed to establish a communications system so that the Forum could link with the 74 Forums that cover London. The objective was to inform Forums across London of our intention to form links with them and to agree a contact person in each Forum for LAS issues. Following that a database was created with the names and address of Forum contacts. A proforma form was designed for use of local Forums so that they could inform the LAS Forum about a local event/incidents. The local ICAS service was also invited to maintain links through this system so that when they received complaints about LAS services they could be copied to the Forum. The intention was also to establish a reporting mechanism so that the Forum could receive monthly reports on incidents and adverse events across London obtained from Patients' Forums and the LAS.

The Forum has also developed an excellent Website: WWW.Patientsforumlas.org.uk, to publicise its work widely and to increase knowledge of the Forum amongst to the general public.

Key Forum Member on this issue: Bill Marks

Advance Directives - Living Wills

In 2005, during the passage of the Mental Capacity Bill through parliament, the Forum began negotiations with the LAS to develop a framework that would enable members of the public with 'Advance Directives' to have their wishes respected by LAS staff sent to assist them. The key issues that needed to be addressed were identification and registration of the member of the public with an Advance Directive and enabling updating and amendments to the Advance Directive, to take place on a regular basis.

Advance Directives may stipulate a wide range of reasons for not wishing to receive clinical care and may include the withholding of resuscitation following a heart attack. The person holding an 'Advance Directive' would send it via an independent verification body, e.g. a GP, Dignity in Dying, or the Terrence Higgins Trust, to the LAS's Emergency Operations Centre. They would advise ambulance staff about the Advance Directive if they were

called to provide care for the person. A system similar to Medicalert would be used to identify the person and the LAS would send that person a Battenberg wristband with a pin number, to verify his or her identity. This work has been carried with the close cooperation of the Medical Director of the LAS, Fiona Moore and David Whitmore, Senior Clinical Adviser to the medical director.

Key Forum Member on this issue: Henry Gillard

Ambulance Station Visiting Programme

During 2005-2006 the Forum has had a very active visiting programme for ambulance stations and satellite stations across London. A standard questionnaire has been developed, and members have visited Battersea, Camden, Chase Farm, City and Hackney, the Emergency Operations Centre, Islington, Lee and New Malden. Visits are planned to Isleworth, Croydon and the LAS Education Centres. Each visit is followed by a series of recommendations, which are discussed with the LAS, local authority, police or other public authorities. Issues raised have included access to ambulance stations, traffic problems, the quality of the Make Ready Scheme for ambulance cleaning and maintenance, diversity and recruitment and road humps. Forum Members have worked closely with Ambulance Operations Managers and other senior LAS staff and CPPIH/Forum Support to implement the arrangements for visit and implementation of the recommendations. Each Forum member has agreed to visit two LAS sites during each six months period.

Key Forum Member active on this issue: Henry Gillard

Active Involvement in LAS Research

Forum members have been active in the LAS Clinical Audit and Research Steering Group and have had considerable influence in the development of research policy, protocols and prioritisation of research projects. Much of this work has been concerned with developing the capacity of paramedics and technicians to diagnose stroke, reviewing the effectiveness of arrangements for the transfer of patients with a possible stroke to direct

access acute brain injury units and the clinical outcomes. This work has also included attempts to find solutions to problems of low return rates of research data from local ambulance stations involved in clinical audit. This work is enhanced through the participation of Lena Wanford in the national 'pre-hospital guidelines group for stroke' which was established through the Royal College of Physicians and is developing hospital guidelines for all A&E departments in the UK. Our members have also been involved in the work of the LAS Ethical Committee, which has been involved in the development of ethical guidelines, which are required when patients or their legal guardians are asked to give consent for participation in research studies.

Key Forum Members active on this issue: Lena Wanford and Florence Odeke

Challenging the Health Minister on the Mental Health Bill

In October 2005 the Patients' Forum raised concerns with the CPPIH about the failure of the Department of Health to carry out adequate consultation with BME groups, during the mandatory Race Equality Impact Assessment on the Mental Health Bill. The Forum was concerned that the Bill, if it became law, would have severe consequences for all communities, but particularly for BME communities. Use of 'community detention orders' and removal of the legal right to leave hospital, currently available to people who were detained under the Mental Health Act, but no longer require detention, were seen as the two most pernicious parts of this legislation.

Following the Patients' Forum's resolution, Sharon Grant, Chair of the CPPIH wrote to Health Minister, Rosie Winterton and received assurances that there would be further consultation on the Bill. Sharon Grant was encouraged to work with the BME Mental Health Network to pursue the concerns we raised. The Mental Health Bill has now been abandoned by the Government, which instead intends to amend the 1983 Mental Health Act.

Key Forum Members active on this issue: Mary Arayo

Back Page:

Details of main Forum meetings from April 2005-6:

- April Changing the LAS - How does the LAS respond to patient and the public
- May Ambulance Watch Community Project
- June Showing of the Cardiac Arrest Video
- July HEMS - London's Helicopter Ambulance Service
- August Diversity and the Blue Sky Report
- September Taking Health Care to the Patient
- October LAS response to the July 7th bombings
- November The Role of Stroke Units in Reducing Mortality and Morbidity
- December Diversity in the LAS
- January The Make Ready Scheme
- February Ambulances Services in Croydon
- March Patient Transport Service
- April Review of the London Assembly Scrutiny of the LAS
- May Complaints review in the LAS

Forum Meetings for 2006-7 (5.30-7.30)

All of our meeting are held in public in premises with full disabled access. British Sign Language interpreters are always present.

May 8th, June 5th, July 3rd, August 7th, September 4th, October 2nd, November 6th, December 4th, January 8th - Elections, February 5th, March 5th

Like to support the work of the Patients' Forum for the LAS?

Over 7 million people live, work and visit the area covered by the LAS but there are only fourteen of us. To be more effective and to carry out our statutory duty to monitoring the LAS and our responsibility to work with LAS service users, it is essential that we recruit many more members. You can join us as a full member by filling out an application form or you can attend our meeting and support our work as a co-opted member. To download application forms go to http://www.cppih.org/involved_new.html or apply in writing to the CPPIH, 163 Eversholt Street, London NW1 1BU. Telephone: 020 7788 4900.

Why Not Adopt an Ambulance Station?

Would you like to adopt your local ambulance station? We want to develop good relationships between communities and ambulance staff who work at local stations, so that services can be developed and where necessary improved. Contact the Forum if you are interested in becoming involved with us on this project,

The LAS NHS Trust

The members of the Patients' Forum would like to acknowledge the co-operation we have received from the London Ambulance Service Trust. We have made many demands on Trust staff and on the Trust Board its self and they have always responded practically and in a spirit of discussion and negotiation to improve patient care.

Members of the Patients' Forum:

Malcolm Alexander (Chair), Mary Arayo (Vice Chair), Lena Wanford, Florence Odeke, Saleha Jaffer, Henry Gillard, Louisa Roberts, Mark Mitten, Robin Standing, Peter Scott Presland, Alex Turner, Sister Josephine Udie, Joseph Healy, George Shaw, John Larkin.

Co-opted Members:

Alhajie Alhusaine, David Payne.

Members who have left the Forum:

Sadly Noel Lynch, Vishy Harihara, John Brit and Mark Jeffrey have resigned from the Forum. We thank them for their important contribution to our work.

And There's More:

For more information about the Patients' Forum for the London Ambulance Service go to <http://www.patientsforumlas.org.uk>

Photos geographical, particular interests down below

Members Priorities for 2005-2006

Forum Priorities	Member with Responsibility for priority	Forum Objectives
Stroke	Lena Wanford	To work with the LAS, Strategic Health Authorities and other relevant bodies, to improve the emergency care of people who have suffered from stroke and to promote the development of an adequate number of open access stroke centres 1
Diversity	Saleha Jaffer, Mary Arayo, Louisa Roberts	To work with the LAS Diversity and Human Resources Departments to develop a work force which reflects the ethnic diversity of communities across London To work with LAS Diversity and Training Departments to promote effective training of all LAS front line staff in Diversity and race equality in the shortest possible time.2
Cat Target A	Malcolm Alexander	To work with the LAS, the National Ambulance Advisor, the DH and all relevant agencies to investigate the consequences for patients with life threatening conditions of the 75% target for Category A calls.3
Mental Illness	Louisa Roberts Malcolm Alexander	To develop expert services for people with severe mental health problems and their carers that respect their wishes and which are sensitive to their vulnerability, culture and the gravity of their situation. 4
International	Mary Arayo	To work with the LAS and developing countries to promote access to resources that will assist countries to achieve their Millennium Development Goals. 5
Advance Directives	Henry Gillard	To work with the LAS (David Whitmore and Fiona Moore) to develop effective protocols, to enable patients with Advance Directives to have their wishes respected and to ensure their care is provided in accord with their prior decisions.6

Ambulance Station Visits	Henry Gillard	To work with Forum Members, AOMs and CPPIH/Forum support arrangements for each member to visit two ambulances stations in a six months period, to link up with their local station and to present report to Forum meeting ⁷
Links with Primary Care	Sis Josephine Udie	To keep a watching brief on the development of Emergency Care Practitioners (ECP) and to liaise with the LAS and PCTs to advise on issues relevant to enhanced patients care through the ECP innovation. ⁸
Services for People with Hearing Disabilities	Robin Standing Mark Mitten	To work with users of LAS services and the LAS PPI Manager, to develop improved communication systems for patients treated and transported by the LAS who have hearing disabilities ⁹
Emergency Planning	Florence Odeke	To work with LAS emergency planning leads and Resilience to present the Forum's view on the effectiveness of emergency planning and to inform the public and politicians of any relevant issues. ¹⁰
Patient Transport	Peter Scott Presland	To seek improvements to the quality of non-emergency patient transport services through users surveys and the development of quality standards non-emergency patient transport. ¹¹
Sickle Cell	Florence Odeke, Louisa Roberts	To increase awareness in the LAS about the needs of patients with sickle cell disorders, to create improvements in clinical care and increase choice of acute care providers. ¹²
Central Ambulance Control	Alex Turner	To work with CAC to monitor their systems for dispatch of Cat A calls and to seek improvements in the speed of dispatch To work with CAC to develop greater use of alternatives to ambulances e.g. motor bikes, bicycles and cars in order to improve response to Cat A calls ¹³
IT Development	Bill Marks	To continue development of Forums website and publicise widely to increase the knowledge of the Forum amongst the general public and to increase the use of the Alert Form ¹⁴

Links with City Hall	Noel Lynch	To develop liaison with the Mayor, health scrutiny and political parties at the Greater London Authority, in order to improve the means by which the Forum exercises influence and publicises its work. ¹⁵
Liaison with other Ambulance Forums	Bill Marks	To make contact with Ambulance Patients' Forums in the areas surrounding London in order to establish collaborative links that will improve communication and service quality for users of ambulance services. 16
Asthma Care	Malcolm Alexander	To work with Camden Ambulance Station and Asthma UK to monitor the effectiveness of LAS care and local primary care services for people with chronic asthma in the Borough of Camden ¹⁷



Coroner's Inquests into the London Bombings of 7 July 2005_f

State for the Home Department
Director General of Security Service
London Resilience Team Transport for London
London Ambulance Service
Secretary of State for Health
Barts & London NHS Trust

6 May 2011

Dear [Secretary of State] etc

Report under Rule 43 of The Coroner's Rules 1984

Preamble

1.

Fifty two members of the public were killed as a result of four bombs being detonated on London's transport system on 7th July 2005 ("7/7"). The names of the deceased are set out at Annex A to this report. I heard the evidence in these inquests in the capacity of Assistant Deputy Coroner for Inner West London, from 11th October 2010 to 3rd March 2011. I sat without a jury and have given verdicts of unlawful killing, with the medical cause of deaths recorded as "injuries caused by an explosion", in respect of each of the deceased.

2.

Where a Coroner is satisfied that the evidence gives rise to a concern that circumstances creating a risk of other deaths will occur or continue to exist in the future, and is of the opinion that action should be taken to prevent the occurrence or continuation of such circumstances, she may report the circumstances to a person whom she believes has power to take action. I announced in court on 11th March 2011 that I was proposing to make such a report under Rule 43 of the Coroners Rules 1984 ("the Rules").

3.

I am satisfied that the criteria in Rule 43 (1) are met as far as some but not all of the recommendations put before me for consideration by the Interested Persons in these proceedings. This is my report.

4.

It falls into two sections. For ease of reference, I shall continue to call them "Preventability" and "Emergency response", which were the headings under which I examined the issues. Not all of this report will be directly relevant to you, but I wished to make one report that would

