PATIENTS' FORUM
AMBULANCE SERVICES

Annual Report and Financial Statement

2009

PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD

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Patients' Forum Ambulance Services (London) Ltd
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Introduction

On November 30th 1907, the British Medical Journal called for the establishment of A STREET AMBULANCE SERVICE FOR LONDON, a **"**properly-organised service for the removal of sick or injured persons from the place in which they may happen to have been injured or taken ill to their homes or to hospital. In the case of accidents and sudden illness, removal is a matter of urgency and ought to be carried out cito, tuto, et jucunde". Fine words that conjured a vision that has been realised in a way that was unimaginable in 1907.

The Forum has worked alongside and monitored the London Ambulance Service for the past seven years. We do this because we know that the vision of what is possible will always be obscured by the reality and grind of daily life, pressures from above and the absolute duty to meet the constant demands of gravely ill people in the streets and homes of London. We believe our role is to watch, question, investigate, prod and probe – to work with the very committed people in the LAS to produce better, finer and more reactive and sensitive services. We raise the voice of the public to the place where it can be better heard, we ask for answers, call for improvements and we keep on and on asking.

Back in 1907 the BMJ called for an ambulance system for the transport of "persons suffering from bodily or mental illness from their own homes to institutions in town or country". 100 years later we still question the adequacy and quality of services for people suffering from mental illness. In this report we call for a review of the care and treatment of people suffering from severe mental health problems, who are taken from a public place or their home, and consideration given to "the development of an expert cadre of paramedics trained as mental health practitioners". We are reminded of the need for relentless scrutiny of services for people with mental health problems by the advertisement for a private ambulance service shown in this report which reads: "mental health secure ambulance, mental health cell/cage ambulance, mental health transport hire".

Now in 2010 we have a thriving Patients' Forum, meetings bursting at the seams, high levels of interest in our work across London and huge enthusiasm from our members. We have achieved much and we have much more to achieve. I hope that the Forum will, for many years to come - and with great determination - continue to raise key issues that concern Londoner's about their ambulance services, and that through negotiation and discussion, we will continue to influence the quality of and access to London's ambulance services.

A huge thank you to all members of the Patients' Forum ... and a special thanks to John Larkin our Company Secretary, and our Vice Chairs, Sister Josephine Udie and Joseph Healy.

MALCOLM ALEXANDER

Chair

Our Priorities

1) Equal access and choice of services and treatment

LAS services should be fully accessible and available to all. Neither physical nor mental disability, health problems, language nor any aspect of a person's social, ethnic or cultural being, should reduce access or delay access to services.

2) Clinical partnerships with other care services

The LAS should actively work with hospital A&E departments and other healthcare organisations to jointly improve care and care pathways for patients.

3) Training of Paramedics and Emergency Medical Technicians

The LAS should ensure that all paramedics and emergency medical technicians have access to all appropriate training and ensure their development as the most effective practitioners. This must include joint multi-disciplinary clinical audit and review of patient care between front-line clinical staff from the LAS and hospital A&E clinicians.

4) Alternative ways of providing emergency and urgent health care

New ways for the LAS to provide urgent care though NHS Direct and community based services are welcome. However, these new pathways must be robust enough to give confidence to the public and LAS crew that they will be available when required, clinically appropriate, fully funded and subject to regular clinical audit and tests of reliable and continuous access.

5) Non-emergency care

The LAS should introduce maximum waits for patients who need help, e.g. older people who have fallen, but may not need an emergency or urgent care service.

6) Mental health services

Significant improvements are needed to ensure that people with severe mental health problems that become ill in the street or in their homes and require emergency care, are treated by paramedics and emergency medical technicians who have specialist training in the care of people with mental health problems.

7) Patient Transport Services (PTS)

The LAS should actively support the Patients' Forum's Quality Standards for PTS. These promote highly effective patient transport services, which are built around dignity, the needs of users and their active involvement in the monitoring, assessment and development of the service.

8) Complaints about services provided by the LAS

The LAS should further develop its approach of learning from complaints submitted by service users. All recommendations for service improvements arising from complaints should be published with evidence of consequent and enduring service improvements.

9) Communication with the public

The LAS and NHS Direct should launch a joint information campaign to ensure that all Londoners know how to access safe, effective and appropriate emergency and urgent care.

10) LAS Non Executive Directors (NEDs) and the public

LAS NEDs should meet with users and local groups in each London borough to get feed back on services provided by the LAS and proposals for service development.

Tribute to Lena Wanford ...

Lena Wanford received a tribute at the December 2008 meeting of the Forum and retired as a Director/Trustee via the AGM in June 2009. She was a founding member of the Patients' Forum when it formed in December 2003 and quickly made a major contribution to its development. Lena inspired members, providing expert guidance and with her patient skills of leadership, this enabled the Forum to quickly grow and develop. Lena maintained a high level of activity, introduced new members and led on several key areas of the Forum's work, e.g. Lena's background and knowledge provided the Forum with the confidence to lead a major stroke campaign across London, well before the Darzi's proposals on stroke.

We are grateful for the presentation made to Lena by Peter Bradley, Chief Executive of the LAS.

We are sad that Lena has moved on and hope that she will use her great skills to develop patient and public involvement in Surrey where she now lives. We shall miss her greatly.

Tribute to David Jervis ...

David Jervis, the Director of Communications for the LAS, left at the end of December 2008, to the considerable regret of Forum Members. The Forum valued David's collaborative approach and the way he had welcomed Forum members and made possible highly effective relationships between the Forum and LAS.

David made a very significant contribution to the effectiveness of the LAS and in particular the development of its communications with Londoners and its commitment to patient and public involvement.

Activities During 2009

The Forum continued to increase its level of activity during 2009. It has been involved in campaigns to improve emergency, urgent care and patient transport services. We have had a wide range of key speakers at our public Forum meetings which included operational, clinical and managerial staff, health activists and community leaders from across London. The Forum initiated a number of fact finding and information gathering initiatives. Some of the issues which the Forum addressed during the course of the year are described below.

Patient and Public Involvement in the LAS

Care Quality Commission core standards require that the views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

In the view of the Forum, the LAS takes active steps to take account of the views and experiences of patients, users, carers and the local community including Local Involvement Networks (LINks) by:

- Seeking people's views and taking them into account when planning services.
- Carry out consultations or other discussions with patients, the Patients' Forum, LINks and other local people.

The LAS has a duty to demonstrate to patients, users, carers and local communities, including the Local Involvement Networks (LINks) how they are involved in decisions related to any changes to services that affect patients. In relation to this duty we find the LAS is generally transparent about the decision-making processes and the impact that people have had in the planning and design of services. However, feedback on the impact of public involvement on LAS strategy, policy and practice is not easily accessible. We do not believe it is easy for people outside the LAS to know if they have had any impact as a result of their involvement.

The Care Quality Commission promotes good practice in public involvement. This includes having representatives on committees and steering groups, co-designing services directly with users and the public, and delegating activities to users and community reps where appropriate. The LAS fulfils this duty by inviting Forum members to sit on a number of committees and actively discussing policy issues directly with the Forum.

NHS Constitution

The NHS Constitution underlines the fact that public and user involvement should be part of the fabric of the NHS by setting out a right for people to be involved. It says:

> **"**You have the right to be involved, directly or through representatives, in the planning of healthcare services, in the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.**"**

We RECOMMEND:

Feedback should be regularly published on the impact of public involvement on LAS strategy, policy and practice. This information should be made easily accessible so that people outside the LAS know what impact there has been as a result of their involvement

Reviewing Category A target (immediately life threatening)

The Forum has campaigned for the Government's Category A target to be improved, so that more people with life-threatening conditions receive emergency care within 8 minutes. This issue was discussed at a meeting in City Hall, addressed by the Deputy Mayor of London, Richard Barnes.

Ambulance services must respond to 75% of Category A calls within eight minutes and the remaining 25% within 19 minutes. The Forum is concerned that 25% of patients with an immediate life threatening condition are seen after 8 minutes, and that an analysis of LAS data in 2009 shows that 4591 people in 2009 across London, did not get a Category A response within 19 minutes.

The Forum has requested data on the clinical outcomes for patients who do not get a Category A service within 19 minutes.

Category A patients	Category A calls in 2009
Total Cat A incidents 2009	325602
Total reached within 8 minutes	244787
Total reached within 19 minutes	321011
Longer than 19 minutes	4591

Kathy Jones, Director of Service Development for the LAS, agreed to work with the Forum to explore the LAS response to Category A calls. The LAS argues that the Category A designation is not appropriate for some patients, even though they use an international system to determine the correct category for 999 calls (AMPDS - Advanced Medical Priority Dispatch System).

The LAS is reviewing the range of patients grouped within Category A (life threatened) to see if some patients were included within this category inappropriately. Their position is that Category A is deliberately designed to include patients who are not life threatened to provide an additional margin of safety.

The Forum believes that ambulance services should take every possible step to provide all patients designated Category A (life threatened condition) with a service within 8 minutes and that none should receive a service after 19 minutes.

How does call prioritisation work?

999 calls are prioritised by staff in the Emergency Operations Centre through a series of questions and answers. The system used is designed to catch all potentially life-threatened patients and as a result it may "over-triage" i.e. some patients in Category A are not at risk of losing their lives, but information gained by telephone may either under or overestimate the risk to life. The LAS claim that around 10% of 999 calls are for 'life-threatened' patients, whereas the AMPDS system puts almost 40% of patients who call 999 into this category.

The position of the LAS is that: the current Category A target results in the main focus for the LAS being speed of response rather than providing appropriate clinical care. Two or three vehicles may arrive at a single Cat A call, whilst a Cat B patient (emergency, but not life-threatened) or a Cat C patient, such as an older person who has suffered a fall, may wait too long for care because of insufficient staff and vehicles to meet the needs of both life-threatened and less seriously ill patients.

(AMPDS - Advanced Medical Priority Dispatch System)

Clinical outcomes – what happened to the patient?

The Forum recommended to the LAS, that clinical data should be produced to relate Cat A response times to clinical outcomes. Kathy Jones Director of Service Development replied that it was difficult to provide outcome data for most Category A patients, because most of these patients were unlikely to die and full reviews (SUI - Serious Untoward Incidents) are only carried out where there had been a death. The LAS has good data for patients who have suffered a cardiac arrest or myocardial infarction (heart attack); in these cases, getting patients with a heart attack to a 'catheter lab' to clear a clot, is as important as getting to the patients immediately after the 999 call. The LAS will in future produce clinical outcome data for two other groups of life-threatened patients, those with serious trauma (injury) and stroke patients.

In the absence of clinical outcome data, the LAS measures the quality of the clinical care offered to patients using Clinical Performance Indicators (CPIs). These are measures of observations and treatment recorded on Patient Report Forms by front line staff. In November 2009 the CPI completion rate (% of staff providing all relevant data on patient care) was as follows:

- London as a whole 43%
- East London Sector 30%
- West London Sector 49%
- South London Sector 45%

The Forum believes that gathering clinical data from patients who are not currently receiving a Category A service in either 8 or 19 minutes and ensuring that the 4000 + patients who currently are not receiving a Category A service within 19 minutes, will advance healthcare and reduce mortality and morbidity for this group of patients.

As all Category A patients are classified as having a life threatening condition, we believe that a greater focus on this group of patients by moving towards an 8 minute response for all of them will improve the efficiency and effectiveness of the LAS.

Category A Response - We RECOMMEND:

1. The LAS should carry out a retrospective study of the 4591 patients who were classified as Category A in 2009 but did not receive a Category A response, to assess the consequence of them not receiving a Cat A response.
2. The LAS should provide clinical outcome data to justify providing a Category A service within 8 minutes for some patients, 19 minutes for others.
3. The LAS should plan for a gradual increase in the number of life threatened patients who receive a service within 8 minutes. Costing should be provided for 1% increases in performance above the current 75% response within 8 minutes.
4. The LAS should demonstrate how they intend to achieve Clinical Performance Indicator completion rates of 95%.

What is a heart attack?

Most heart attacks are a result of coronary heart disease – the narrowing of the coronary arteries due to a gradual build-up of fatty material within their walls called *atheroma*.

If the *atheroma* becomes unstable, a piece may break off and lead to a blood-clot forming. This clot may block the coronary artery; the heart muscle becomes starved of blood and oxygen and may become permanently damaged. Heart attacks are sometimes known as a myocardial infarction or coronary thrombosis. Heart attacks can sometimes be treated in a 'catheter lab' by inserting a balloon into the blocked blood vessel and then applying pressure to create space so that blood can flow more freely.

What is a cardiac arrest?

A cardiac arrest is also known as cardiopulmonary arrest or circulatory arrest**.** It happens when the person's heart stops pumping blood around the body.

The most common cause of a cardiac arrest is a life-threatening abnormal heart rhythm called ventricular fibrillation**.** Ventricular fibrillation occurs when the electrical activity of the heart becomes so chaotic that the heart stops pumping and quivers or 'fibrillates' instead. It can sometimes be corrected by giving an electric shock through the chest wall, using a device called a defibrillator**.**

Some other reasons for cardiac arrests are:

- Loss of a large amount of blood or fluid
- Lack of oxygen
- Body being very hot or very cold
- Blood clot in the lung or coronary arteries

Proposal for improving training and clinical care of patients

The Forum has recommended a new approach to improving clinical care and staff training, using the model of multidisciplinary reviews of care and clinical outcomes for patients. In this model, paramedics and technicians would meet with A&E and other hospital clinical staff to formally review the care of patients they have treated.

The Forum believes this would lead to the development of a more professionalised workforce with improved outcomes for patients, because all clinical staff would learn through reflection and review of their own clinical practice. This would promote the development of advanced clinical skills and build stronger relationships between all those who contribute to frontline clinical care of patients who receive emergency and urgent care.

The Forum believes this whole system learning approach would lead to improved outcomes for patients and lower levels of morbidity and mortality.

Multi-disciplinary reviews of patients' care - We RECOMMEND:

1. The LAS should arrange for all paramedics and technicians to be supported and encouraged to meet with A&E and other hospital clinical staff in formal multidisciplinary meetings, to review and learn from the care of patients who have been in their care.

2. Commissioners should ensure that funding supports staffing levels sufficient to enable all front line LAS staff to participate in training programmes that ensure they are fully, continuously and appropriately trained to carry out their duties to the highest possible standards. This should include participation in multidisciplinary reviews of patients' care.

Commissioner's response

Once the staff is fully in post (by end of March 2010), we as Commissioners would expect the uptake of training to improve significantly (as well as maintenance of the performance). We would like to reiterate our commitment as Commissioners for all front-line staff; paramedics and technicians to be fully, continuously and appropriately trained to carry out their duties to the highest possible standards.

The new Clinical Performance Indicators support the wider quality agenda and we agree that understanding clinical outcomes from across the system is very important. I will explore your specific proposal about joint multi-disciplinary clinical meetings with the LAS and will look to their feedback on this. I can assure you that we are keen to ensure there is robust learning around whole systems clinical outcomes.

Real Involvement
WORKING WITH PEOPLE TO IMPROVE HEALTH SERVICES
DEPARTMENT OF HEALTH - OCTOBER 2008

Whatever form of involvement you are undertaking with users, you are undertaking the activity to discuss with them their ideas, your plans, their experiences, why services need to change, what they want from services and how to make the best use of resources; and make sure that the services you are responsible for planning, commissioning or providing, meet their needs and preferences. Good involvement practice includes:

- Happens early and continues throughout the process
- Is inclusive
- Is informed
- Is fit for purpose
- Is transparent
- Is influential – it makes a real difference
- Is reciprocal – includes feedback
- Is proportionate to the issue

Deaths of Two Campaigners

Tribute to activist David Hart ...

David Hart died in August 2009. He was one of Lambeth's most tenacious community activists and a thorn in the side of Lambeth Council. He advocated for thousands of residents who had been dealt a rough deal by Lambeth Council and was an active campaigner on many health issues. He was in regular contact with the Patients' Forum on many patient transport problems.

David died at Trinity Hospice, Clapham Common North Side, after a long fight against cancer. He tirelessly championed the rights of disabled people and those living in social housing. He fought for the most vulnerable residents of the borough – including those living in sheltered housing – to be treated with respect and dignity.

David was an active member of the Willard Estate Tenants and Residents Association and was Chair of the borough's Independent Tenants Council – he also chaired a commission into sheltered housing provision in the Lambeth area.

Even when his illness made it difficult for him to play an active part in civic life, he would still do what he could to help others and attended campaigning meetings whenever he could. In the last few years of his life he campaigned to get Macmillan cancer nurses exempt from the capital's Congestion Charge.

Lambeth Tenants Council Chairwoman, Ros Munday, who was with David when he passed away said:

> "He will be greatly missed as someone who was a pain in the butt to officers of Lambeth, but a great advocate for all the residents, particularly the old and vulnerable."

Tribute to activist Helen Sibthorpe

2009 year witnessed the tragic death of Helen Sibthorpe from cancer. Helen had been a highly successful campaigner for rights and services for people with disabilities. She had campaigned tirelessly for an effective patient transport system based on the needs of people requiring care and treatment in the NHS.

Joseph Healy (Forum Vice Chair) said that just a few weeks before her death Helen had attended the Guy's and St Thomas' Trust Board meeting and had sat at the front of the meeting and made a powerful statement about the need for the Trust to serve patients with disabilities effectively.

Helen had also played a central role in the Patient Transport Conference organised by LAS, the Patients' Forum, Transport for All and Age Concern London. She was a regular and active attendee at Patients' Forum meetings.

As Helen put it at the: Patient Transport Conference - Breaking the Silence

> "Most service users are too ill or worried or too tired to speak up for themselves. Please use your voice to make the quality of their lives better. But remember, we that use the service are, in many ways, the experts on where and how it is going wrong. So, please if you start monitoring this aspect of the NHS service delivery, remember that you need the views and experiences of the service users as well as the statistics.
>
> ***Nothing about us without us."***

Patient Transport Services (PTS) – User Involvement

The Forum has continuously demanded patient/user participation in the writing of PTS specifications, quality standards and the selection of PTS providers.

The Forum wrote to Malcolm Stamp, former Chief Executive of the NHS London Provider Agency, asking for public participation in the development of quality standard and choice of PTS in London. Despite clear Government policy supporting user involvement, Malcolm Stamp was unsympathetic to public participation and did not see a role for the Patients' Forum and LINks in the arrangements for commissioning of PTS. We asked him the following questions:

1. Will the London Provider Agency encourage public involvement in the process of choosing patient transport services (PTS) for London?

2. Will you support the involvement of users in the tender specifications for PTS in London?

3. Will you ensure that all aspects of the tendering process and purchase of PTS will be open to the public?

4. Will you build a system of procurement that is sensitive to the needs of patients?

5. Will you ensure that service users are involved in the development of commissioning arrangements for PTS across London?

We were unable to get positive or informative answers to any of these questions.

NHS London abolished its provider agency in 2009.

The Forum has contacted LAS, many times regarding a follow up to the very successful PTS Users conference held in May 2007. We can get no response to our requests.

Legal duty to provide PTS Services in the NHS.

NHS Act 1977 places a duty on the Secretary of State "to provide ambulances to such extent as he considers necessary to meet all reasonable requirements."

This terminology is used in the latest publication Eligibility Criteria for Patient Transport Services (PTS), where under paragraph 12, it states:

"PCTs are responsible for commissioning ambulance services (which could include patient transport services) to such extent as the PCT considers necessary to meet all reasonable requirements of the area for which they are legally charged with providing services."

The eligibility guidance can be found on the DOH website and by following this link:
http://tinyurl.com/2y2pfa (January 2008)

PTS at Guy's and St Thomas' (G&StT)

Guy's and St Thomas' Hospitals have convened a users' group in which the Forum participates actively. The transport department prepared a questionnaire for service users which the Forum strongly criticised and due to pressure from the Forum this poorly constructed questionnaire was withdrawn. It was very poorly designed and questions were framed in an unfair way that the Forum considered was harmful to the needs of patients.

Joseph Healy, Vice Chair of the Forum, has produced information to show that the patient rejection rate for use of PTS was 2% in the LAS and 6% at Guy's and St Thomas'.

The Forum also supported the campaign to stop Guy's and St Thomas' preventing holding of taxi-cards from using PTS. Taxi cards are not intended for journeys to hospitals.

Our RECOMMENDATIONS: Patient Transport Services

The Forum believes that effective user-centred PTS will advance the health and well being of patients, help relieve sickness and suffering, and create more efficient ambulance services.

The Forum is now developing quality standards for PTS and has written to all London PCT Sector Chief Executives to begin discussions on user involvement, choice and patient centred service development.

We have had discussions with Michael Scott, Chief Executive of North West London sector PCTs, and proposed joint work with the PCT on the following Forum recommendations:

1. Patient involvement in PTS commissioning should be supported as an important contribution to reducing health inequalities, improving service quality and promoting patients' wellbeing and empowerment.

2. Development of common patients-centred Quality Standards and access arrangements for London.

3. Full involvement of users, the Patients' Forum and LINks in the tendering process for all PTS in London.

Commissioning the London Ambulance Service

The Forum is in regular discussions with Neil Kennett-Brown, the new Director of LAS Commissioning for the North West London Commissioning Partnership (PCTs). This Commissioning Partnership is responsible for the entire London PCT budget for the LAS. Neil took over this role from Peter Edward and Bridget Emmanuel of Richmond and Twickenham Primary Care Trust.

The Forum invited Bridget Emmanuel to a public meeting to discuss the commissioning of the LAS. Members attempted to find how much power the commissioners had in negotiations with the LAS; how much change was possible in service delivery and what influence the public might have in negotiations between the commissioners and the LAS.

Bridget acknowledged that commissioning in the past had not been robust and felt the introduction of 'World Class Commissioning' would give PCTs and the public more power and influence in the quality of local NHS services. (World Class Commissioning: http://tinyurl.com/ylazkxl)

Members asked how the Commissioners know they are getting value for money from the LAS in relation to access, volume and the quality of services for patients?

Bridget Emanuel said that joint work between the LAS and Commissioners made it possible to evaluate the outcomes of commissioning, but they could not drill down into every issue.

Members asked what plans the PCT had to purchase Patient Transport Services (PTS) and to monitor the effectiveness of these services?

Bridget said that the money for PTS did not come directly from PCTs, although this would change sometime in 2009. She acknowledged that PTS was a significant issue for the community and said the Care Quality Commission, which was due to start work later in 2009, was likely to look more closely at the regulation of PTS.

The Commissioners spend £250 million on LAS services and are required to make commissioning decisions that reflect the needs, priorities and aspirations of the local population.

To do this they must engage the public and proactively seek out the views and experiences of patients, their carers and other stakeholders, especially those least able to act as advocates for themselves.

Neil Kennett-Brown, Director of LAS Commissioning for the North West London Commissioning Partnership (PCTs) has given the following assurance to the Forum:

"I welcome working closely with the Patients' Forum, as lead commissioner we are committed to working with patients and users of services so we understand their needs and aspirations for Ambulance Services in London".

The Forum RECOMMENDS that the Commissioners focus on the following areas:

- That patients and users across London are able to have their voice heard and their needs and aspirations acted on by the Commissioners.
- Prioritisation of continuous and appropriate training for all front line staff, paramedics and technicians.
- Continuous and effective clinical audit and review with a strong focus on clinical outcomes and robust learning for all clinical staff.
- A commitment to equal access and equal service quality for all patients, and diversity and equal opportunities for staff and new applicants.
- Development of effective and continuous access to appropriate care pathways that meet patients' clinical needs in **every** London borough – combined with effective audit system that demonstrates that both access and clinical effectiveness are assured.

The Forum believes that effective user focussed commissioning can create services that are safer, more effective and provide specific care that meets the particular needs of patients who are in need of emergency and urgent care.

Response from the Commissioners:
"We agree with these recommendations and will work to ensure they are implemented through contractual levers and service development."

Equal access to emergency and urgent treatment

The Forum has consistently made the case for services that are accessible and equally available to all. We have emphasised that neither physical nor mental disability, language nor any aspect of a person's social or cultural being should reduce their access to services.

The LAS is fully committed to finding effective ways of improving access to emergency and urgent care services for people with disabilities and for people who do not speak English.

Progress has been made nationally to provide more effective access to emergency services for people with hearing and speech disabilities, with the development of a national pilot project. This pilot needs to be well advertised amongst all potential users of this route to 999 emergency services to ensure the highest level of uptake by those in need.

The Forum is concerned about services for people who do not speak English. With the current system people who do not speak English, who speak English poorly or those who cannot express themselves clearly and coherently, may receive a slower and less effective service. This could affect people with life-threatening conditions.

Language Line is available, but the Forum is concerned about the speed, access, appropriateness and quality control of Language Line in such a diverse city as London. We are most concerned about the speed of access for patients who have a life-threatening condition, but are unable to talk in English. The Forum believes that the LAS should employ multilingual practitioners. We have met with the LAS to discuss this issue and held a joint meeting with the LAS and Institute of Linguists.

The Forum believes that the introduction of these innovations will save lives, reduce suffering, and promote the development of a more efficient and effective ambulance service.

Communications with patients - We RECOMMEND:

1. The development of a programme to recruit Emergency Operations Centre staff that can practice clinically in more than one language.
2. Research to assess the potential clinical impact on patients who receive a slower service because they cannot clearly describe their symptoms because of communications difficulties.
3. LAS support and fund LAS staff who speak a second language to take the Institute of Linguists Diploma in Public Service Interpreting (DPSI)
4. The LAS should be given the highest priority for access to the Language Line interpreting services and provide evidence that audit is carried out, of languages provided for users of the LAS.

Response from the Commissioners …

I can confirm that we are committed to the equalities agenda as Commissioners. This is already built into the contractual framework. The challenge is to ensure that this commitment leads to real equality of service for all patients.

The differing needs of Londoners will require some specialist services, such as those you have highlighted in your letter for people with hearing & speech disabilities, or those who have limited English language skills.

We shall maintain our commitment to equalities in our commissioning intentions for 2010/11, and we would be happy to work with the Patients' Forum and LAS to ensure that there is a clear improvement plan to address the challenges in this area.

Development of Polyclinics in London

The Forum invited Rick Stern, the Healthcare for London Polyclinic project lead, to discuss the impact of polyclinic development on London's urgent care services. He told the Forum the objective was to develop 150 local care services somewhere in size between a hospital and a small GP practice in London over a 5 year period.

Forum members were concerned that polyclinics would be established as private businesses in order to further privatise the NHS.

Rick Stern told the Forum that it is not the objective of Healthcare for London to set up privatised polyclinics, but the management and ownership of each polyclinic would depend on the local situation. He said the planning and funding of polyclinics was a matter for PCTs and that it is important for local people to decide how polyclinics develop in each area. He said a major part of the NHS London strategy was to divert people away from A&E Departments and if the right choices are available, people will not want to use A&E except for emergencies.

Forum members asked for assurances that PTS would be available for patient transport to Polyclinics. They pointed out that if services are transferred from the acute sector to the community sector the money should follow the patient and this should include the PTS.

Rick Stern agreed to raise the transport issue with his colleagues at NHS London.

Polyclinics - We RECOMMEND:

1. All Polyclinics should be fully part of the NHS and not set up by private organisations seeking to profit from the NHS.
2. Local people must decide how polyclinics develop in each area.
3. If acute services are transferred to polyclinics, the money should follow the patient and this should include equivalent access to PTS.

The Forum believes that the health needs of Londoners will be better served by directly run NHS services and that the prevention and relief of sickness will be enhanced if local people have a major role in the development of polyclinics.

The Forum believes that the efficiency and effectiveness of PTS will be best served if resources follow the patient from the acute to the community sector.

Working with Local Involvement Networks (LINks)

LINks members from the following areas have been actively involved in the Patients' Forum:

Barnet, Bexley, Bromley, Camden, City of London, Croydon, Greenwich, Hackney, Harrow, Islington, Kent, Kingston, Lambeth, Newham, Richmond, Southwark, Waltham Forest**.**

C1 Licences for Paramedics and Technicians

Paramedics and Emergency Medical Technicians require a C1 licence to drive an ambulance. This requires a course of instruction and a separate test. C1 training costs up to £1000 and the test, around £150. The Forum has been concerned that new applicants to the LAS may be unable to afford both the cost of training and the test, and have asked for the costs to be covered by the LAS.

The current position of the LAS is that they are unable to subsidise the cost of C1 due to the large number of staff recruited during 2009-2010 – (400 student paramedics). Had the LAS paid the fees the cost incurred would have been around £400,000.

The LAS has looked into ways of easing the costs for those who are long-term unemployed through the government's 'train to gain vouchers' (people who have been unemployed for more than 6 months can claim for £1,500, which they can use in connection with a job offer) which could be used towards the cost of a C1- as yet no one who was eligible has claimed this voucher.

The LAS have monitored the number of people who have stated that they are unable to afford the training and test for a C1 licence. Less than 10 applicants fell into this category. Active recruitment for student paramedics and A&E support staff has stopped now.

The Forum is concerned that the cost of the C1 licence may inhibit some people from applying to become paramedics, technicians and A&E support staff. Even if a low number of people declared that the cost was difficult to bear, it is important to facilitate their access to employment with the LAS. Secondly it is not known how many people failed to apply because they were put off by the 'start-up' costs.

The Forum believes it is in the interests of the LAS and the public to ensure that the LAS workforce is as diverse as possible, and that this approach is consistent with promoting the effectiveness of the ambulance service.

C1 Licences - We RECOMMEND:

1. That the LAS make available resources to pay C1 costs for 30 new entrants to the LAS each year (approximately £30,000) whenever there is a period of active recruitment.

2. That payment of C1 costs for 30 new applicants are targeted at groups underrepresented in the workforce and advertised as bursaries.

LAS Foundation Trust status – Opening the discussion

The Forum opened its discussion on the LAS's decision to become a Foundation Trust with a public meeting addressed by Sally Brearley from the NHS Support Federation. Sally made the following key points:

- FT membership is mostly passive and in reality members have little say or powers.
- FT elected Governors can elect the Chair of their Trust Board, but in practice were unlikely to have any real impact on the composition of the Trust Board.
- Many Trust Boards believe it is OK to meet in private because there is a Board of Governors that meets in public.
- FT Boards are free to have open or closed meetings and Monitor (the body that checked FTs performance) does not interfere in this decision.
- There is a potential conflict of interests between the desire by FTs for commercial competitiveness and the aspiration for partnership between NHS bodies.
- One of the freedoms for FTs was the ability to reinvest their profit in the Trust rather than in the NHS as a whole. Consequently, apparently higher performing Trusts will take a lion's share of NHS resources, whilst the more average trusts would suffer loss of funding with dire consequences for patients.
- FT accountability to the membership is a sham.

- FTs are not accountable to Health Ministers and that Health Ministers could not therefore answer questions about FT in parliament.
- Local health Overview and Scrutiny Committees could have an important role in monitoring FTs.
- Public consultations on applications for FT status do not allow the public to decide whether an application should be made. That decision is made by Trust Boards.

Peter Bradley confirmed that if the LAS became a Foundation Trust its Board meetings would continue to be open as at present.

Position of the Patients' Forum on the LAS Foundation Trust

The Forum discussed if it should put forward candidates to be FT Governor and agreed the following statement at a meeting held in November 2009:

a) If Forum members stand as FT governors, they should only do so in order to influence the policies and strategies of the LAS and to represent the public, not to act as "LAS ambassadors".

b) To encourage two Forum members from each LAS FT sector and one member from outside London to stand as public governors.

c) To write a draft Manifesto based on the Forum's objectives to form the basis of the potential governor's election statements.

d) To work with the LAS to encourage widescale, well funded participation in the governor's elections.

e) To advise voluntary sector bodies across London, including the potential voluntary sector governors, of the Forum's strategy in relation to the FT Board.

f) To maintain the Forum as a support, feedback and continuity organisation for FT public governors and to encourage LAS FT members to join the Forum.

g) To adopt the strap line: "Holding the LAS to account – Enhancing London's democracy"

DRAFT Foundation Trust Public Governors Manifesto

The draft Manifesto comprises key objectives of Patients' Forum members who will stand as LAS public governors in the forthcoming election. Forum members see the LAS Board of Governors as a key means of promoting its objectives and exerting greater influence on quality and safety of services, LAS policies and strategy.

Our principles

- As members standing for election as Public Governors of the LAS Foundation Trust, we place great stress on striving to represent all Londoners who use LAS emergency and urgent care services, patient transport services and all other services provided by the LAS that have a patient interface.
- We are committed to the fullest diversity, equal opportunities and inclusion in relation to LAS FT Governors, the LAS FT Board, all staff and services provided or commissioned by the LAS.
- If elected as Public Governors we will strive to represent the patients and the public, not the LAS Trust Board or its corporate interests.
- We seek election on a non-party political basis.
- Our involvement will focus on the widest possible consultation with service users, geographically and in relation to issues raised by LAS services users.
- We shall work collaboratively and inclusively with the Trust Board and its officers and will vigorously hold them to account for their policies, services and actions.
- We shall raise any issues of concern from the wider constituency of Londoners with both the LAS Board of Governors and the LAS FT Board and seek to influence the LAS in the best interests of patients and the public.
- We shall seek assurances that the LAS FT Board through its Chair, will furnish all necessary relevant information required by Governors, regarding LAS emergency, urgent care and patient transport services provided in London.
- Our candidature will be based on the Seven Nolan Principles of Public Life.

Our DRAFT priorities for the LAS Foundation Trust

1) Equal access and choice of services and treatment

LAS services should be fully accessible and available to all. Neither physical nor mental disability, health problem, language of any aspect of a person's social, ethnic or cultural being, should reduce access or delay access to services.

2) Clinical partnerships with other care services

The LAS should actively work with hospital A&E departments and other healthcare organisations to jointly improve care and care pathways for patients.

3) Training of Paramedics and Emergency Medical Technicians

The LAS should ensure that all paramedics and emergency medical technicians have access to all appropriate training and ensure their development as the most effective practitioners. This must include joint multi-disciplinary clinical audit and review of patient care between front-line clinical staff from the LAS and hospital A&E clinicians.

4) Alternative ways of providing emergency and urgent health care

New ways for the LAS to provide urgent care though NHS Direct and community based services are welcome, but these new pathways must be robust enough to give confidence to the public and LAS crew that they will be available when required, clinically appropriate, fully funded, subject to regular clinical audit and tests of reliable and continuous access.

5) Non-emergency care

The LAS should introduce maximum waits for patients who need help, e.g. older people who have fallen, but may not need an emergency or urgent care service.

6) Mental health services

Significant improvements are needed to ensure that people with severe mental health problems that become ill in the street or in their homes and require emergency care, are treated by paramedics and emergency medical technicians. that have specialist training in the care of people with mental health problems.

7) Patient Transport Services (PTS)

The LAS should actively support the Patients' Forum's Quality Standards for PTS. These promote highly effective patients transport services, which are built around dignity, the needs of users and their active involvement in the monitoring, assessment and development of the service.

8) Complaints about services provided by the LAS

The LAS should further develop its approach of learning from complaints submitted by service users. All recommendations for service improvements arising from complaints should be published with evidence of consequent services improvements.

9) Communication with the public

The LAS and NHS Direct should launch a joint information campaign to ensure that all Londoners know how to access safe, effective and appropriate emergency and urgent care.

10) LAS Governors and the public

LAS Governors should meet with users and local groups in each London borough to get feed-back on services provided by the LAS and proposals for service development.

The key issue of the Forum is whether participation in the FT Board as public governors will advance the healthcare of Londoners, reduce morbidity and mortality and promote the efficiency and effectiveness of ambulance services.

Diversity on the front line

The Forum has raised with the LAS on many occasions since 2003, their failure to employ a front-line workforce that reflects the population in London.

According to figures provided by the LAS, the percentage of paramedics who are white British for the period 2005-2009 have remained static at about 96% and the figure for Emergency Medical Technicians at about 93-94%. We have raised this issue continuously for five years with the LAS with virtually no impact on the ethnic diversity of staff. We have also held a joint public meeting with the LAS and the Commission for Racial Equality to explore this issue. Over the past 7 years the Forum hoped the LAS would deal with this issue without recourse to outside agencies.

The Forum has now contacted the Human Rights and Equalities Commission (HREC) expressing concerns about the ethnic diversity of front-line LAS staff, and data has been sent to the Commission to justify the Forum's concerns. We have asked the Commission to advise the Forum on the steps that might be appropriate for the HREC to take to support the LAS to resolve this problem.

2008/9	Total Staff	White				BME			
		Staff Count	% of Grade	% of Total Front Line	% of Total LAS	Staff Count	% of Grade	% of Total Front Line	% of Total LAS
A&E Support	133	117	87.97	4.71	2.82	16	12.03	0.64	0.39
A&E Trainee	-	-	-	-	-	-	-	-	-
Emergency Care Practitioner	54	50	92.59	2.01	1.20	3	5.56	0.12	0.07
Emergency Medical Technician	-	-	-	-	-	-	-	-	-
Emergency Medical Technician 1	30	29	96.67	1.17	0.70	1	3.33	0.04	0.02
Emergency Medical Technician 2	68	61	89.71	2.46	1.47	5	7.35	0.20	0.12
Emergency Medical Technician 3	462	441	95.45	17.77	10.63	20	4.33	0.81	0.48
Emergency Medical Technician 4	878	822	93.62	33.12	19.81	49	5.58	1.97	1.18
Intermediate Tier Training	-	-	-	-	-	-	-	-	-
Paramedic	863	831	96.29	33.48	20.02	31	3.59	1.25	0.75
Student Paramedic	130	121	93.08	4.88	2.92	8	6.15	0.32	0.19
Trainee Emergency Medical Technician	-	-	-	-	-	-	-	-	-
Team Leader Paramedic	163	157	96.32	6.33	3.78	5	3.07	0.20	0.12
Front Line Total	2781	2629		94.53	-	138	-	4.96	-
LAS Total	4421	3999	-	90.45	-	390	-	8.82	-

The Forum believes that actively promoting equality and diversity is fundamental to the effectiveness of the LAS and its commitment to human rights. We believe that failing to deal with the diversity of the work force puts the LAS at significant risk.

Diversity in the LAS workforce - We RECOMMEND:

1. That the LAS should welcome advice from the Equality and Human Rights Commission on the means of bringing about a transformation of the workforce in terms of its diversity and the way it reflects the population of London.

2. That the LAS should work with voluntary sector organisations in London to establish, in the medium term, the means of recruiting new staff from underrepresented communities.

3. That the LAS should examine recruitment procedures and 'cultures' within the LAS to discover if there are any factors which prevent the development of diversity in the LAS frontline work force.

Diversity in the LAS Board Room

The Forum has raised with Andrea Sutcliffe, Chief Executive of the Appointments Commission, the issue of diversity amongst members of the LAS Trust Board. This is the third time the Forum has raised the matter with the Appointments Commission (AC).

The AC promised to let the Forum know when a vacancy occurred so the Forum could widely distribute the advertisement in the community and voluntary sector, but failed to do so.

In view of the lack of ethnic diversity on the LAS Trust Board, we have asked Andrea Sutcliffe how she will ensure that the Appointments Commission is compliant with their duty to promote equality and diversity, and an assurance that all future appointments will be made in a way that is consistent with government policy and will involve the public and the Forum. This issue has also been raised with the Human Rights and Equalities Commission.

Harriet Harman, as the former Minister for Women and Equality, recently launched a new cross government drive to increase the number of women, black, Asian and minority (BAME) ethnic people and disabled people on the boards of public bodies. She also issued a cross-government action plan on this issue, co-led by the Government Equalities Office and Cabinet Office.

Diversity on the LAS Board - We RECOMMEND:

1. The Appointments Commission should review its recruitment procedures and approaches to advertising vacancies to the LAS Trust Board to determine why the Board fails to reflect the population it serves.

2. The Appointment Commission must ensure that future appointments to the LAS Trust Board reflect the diversity of the population serviced by the LAS.

Mental Health

The care and transportation of people with severe mental health problems require great sensitivity, skill, a high regard for the human rights of the patient and an awareness of the lasting impact of inappropriate care and treatment. The use of force and physical restraint should be the very final option after all other options have been exhausted.

Spending time 'talking the person down', building trust and creating a calm atmosphere is usually successful, whereas moving quickly to get the person to a 'place of safety' using pressure or force, may increase feelings of paranoia and persecution.

It is essential to ensure that paramedics and technicians caring for a person with a mental health problem, either on the street, at their home or in a police station are well trained and have appropriate insight to care for a person who may be terrified, angry and in need of great sensitivity.

- **Communication between services**

In the past, patients with mental health problems have died as a result of inappropriate care and treatment and the failure to provide specialised mental health care and joined up services**.** In 2006 the Coroner recommended following the death of Andrew Jordan that:

"Where two emergency services (i.e. police and ambulance) are involved in carrying out a mental health assessment, consideration should be given as to how they are to jointly manage the patient and to ensure that communication is clear."

Advancing the health needs of people with severe mental health problems and the prevention of fatalities, requires that the care and transportation for people with a mental illness, especially in an emergency situation, should always be provided with the least restrictive means possible. Effective services ensure the safety of the person and their carers, minimise interference with the person's privacy, dignity and self-respect, and reduce the patient's suffering.

- **LAS Mental Health Conference**

The LAS held an excellent conference in 2009 on mental health care attended by users, practitioners and LAS staff. Valuable recommendations were made by participants. Despite many requests no report has ever been produced on the conference and no recommendations published. The Forum believes that a significant opportunity to promote better mental health care for people with severe mental health problems has been missed.

Positive development in the provision of mental health care by the LAS:

- **Patient specific protocols:**

Arrangements were put into place for a patient with a history of acute mental illness to be conveyed to the facility managing his long-term care, rather than the local A&E department, on any occasion that the patient experienced a relapse whilst on home leave. The use of 'patient specific protocols' by the LAS, to enable patients and LAS staff to jointly agree the most appropriate response for patients with chronic illnesses, is a significant example of good practice.

- **Mental Health Assessments**

The development of a trial in Camden for patients requiring a mental health assessment was introduced because of a history of poor LAS attendance at assessments. The LAS dedicated 2x5 hour shifts per week for the trial using a Patient Transport Service (PTS) crew and vehicle. A triage tool was developed to ensure that, if the PTS response was not appropriate, e.g. where a patient would not participate in the assessment, an emergency vehicle could be made available, with staff trained to be aware of the risk of positional/restraint asphyxia should restraint be used. This pilot was evaluated in Summer 2009 with the following outcomes:

  - LAS performance (based on the ambulance arriving within 30 mins of the booked time) increased from 50% to 100%.
  - Out of 55 journeys clinically assessed, none required escalation to an emergency vehicle.
  - When compared to deploying an emergency vehicle, costs to the LAS were higher (£159 for the dedicated response versus £117 for the traditional response).
  - When compared to deploying an emergency vehicle, costs to the whole system (i.e. including those costs incurred by other stakeholders for failed assessments due to the ambulance failing to arrive) were lower (£159 for the dedicated PTS response versus £284 for the traditional response).

A further evaluation was due April 2010.

Mental Health Care - We RECOMMEND:

1. The LAS should review the care of treatment of people suffering from severe mental health problems who are taken from a public place or their home to assess the clinical outcomes and the patients' views on the care received. Consideration should be given to developing an expert cadre of paramedics trained as mental health practitioners.

2. An assessment tool should be developed to ensure that the LAS, police, social services, GPs and mental health practitioners are working effectively when mental health assessments are carried out on patients with severe mental health problems.

3. Patient specific protocols should be actively promoted for patients with severe mental health problems who are regularly admitted to hospital to avoid the use of general A&E services.

4. The report on the LAS mental health conference and the recommendation developed by participants should be published by the LAS.

5. The Camden Pilot for assessment of patients with mental health problems should be rolled out across London.

PATIENT TRANSPORT (UK) LTD

Private Ambulance Service

Patient Transport (UK) Ltd hire Ambulances with qualified Medical Crews to transfer private clients to and from medical appointments, nursing homes, hospices and private hospitals.

"mental health secure ambulance, mental health cell/cage ambulance, mental health transport hire"

Complaints, cases referred to the ombudsman and serious untoward incidents

The Forum has been in discussions for some time with the LAS Patient Experiences Department which is led by Gary Bassett. We have asked for details of recommendations from patients' complaints and evidence of enduring improvements to LAS services when recommendations are made following complaints. The LAS is committed to providing the information we have requested but has not yet established systems that would enable them to provide this information. Ideally we would like copies of recommendations arising from each complaint immediately the investigation is finished, following by six monthly reports on implementation of these recommendations and evidence of impact and outcomes.

Currently, the LAS produce excellent summaries of successful outcomes which are published on their website: **http://tinyurl.com/2ul4xe9.** Some of these are shown in the appendix to this Report. The LAS has also set up the FLIG (Feedback Learning and Improvements Group) which has the specific responsibility of focussing on major issues arising from complaints and other investigations and examining issues that arise from the investigation to ensure that there is enduring improvement to LAS services. The Forum has been invited to sit on this group and actively participates in its work.

The Forum has also requested the following information for 2009:

1. Ombudsman's investigations of complaints against LAS with any recommendations.
2. Serious Untoward Incidents (SUIs), outcomes and recommendations
3. Coroner Rule 43 recommendations to the LAS.

Parliament and Health Service Ombudsman (PHSO)

The number of complaints about the LAS referred to the Ombudsman between 1/4/2009 - 31/3/2010 was 24. Seven cases are still under consideration by the Ombudsman, but of the seventeen the LAS has been notified about, none have been accepted by the Ombudsman for further investigation. In that period the Ombudsman did not make any criticism of the way in which the LAS investigated complaints. We have received no information for the period 1/1/2009 – 31/12/2009 and as far as we are aware, no recommendations have been made to the LAS following the Ombudsman's investigations during 2009.

Serious Untoward Incidents

We have been provided with brief details of SUIs for April 1st 2009 – March 31st 2010 but no information for the period January 1st 2009 – March 31st 2009. No details of outcomes or recommendations have been provided to the Forum for 2009 and no information on the outcomes of SUIs is provided on the LAS website. The SUI reports for these SUIs (save an ambulance fire) have not been completed - all are in progress. These are expected to be reported through the LAS Governance Committee but at the moment these meetings have been suspended. The details of the SUI outcomes should also be reported to the LAS Trust Board. However, the minutes of private (part 2) sessions of LAS Trust Board meetings are no longer placed in the public arena and it is likely therefore that this information will not become available to the Forum.

Gary Bassett has advised the Forum that the outcomes of the SUIs will be published in an anonymised version on the LAS *SUI* and *learning* pages on the Trust website, subject to the agreement of all parties concerned, but publication may be subject to legal restrictions on disclosure.

SUMMARY: SUI Cases – 01 April 2009 – 30 April 2010

SUI = Serious Untoward Incident

	SUI-ED	SUI-ID	SUI-ND	Total
Not Declared	**8**		**26**	**34**
Declared		**9**		**9**
2010/				
Ambulance Fire		1		1
2010/				
Patient jumped from Ambulance		1		1
2010/				
Delay in attending patient with allergic reaction		1		1
2010/				
Amber-Green Determinants		1		1
2010/				
Delay in attending patient with DIB II		1		1
2010/				
HSE Improvement Notice		1		1
2010/				
Delay in attending BBA		1		1
2010/				
Delay in attending patient with DIB		1		1
2010/				
Data Loss		1		1
GRAND TOTAL	**8**	**9**	**26**	**43**

- 9 cases have been declared and NHS London (the Strategic Health Authority) notified.
- 8 cases were externally declared by other agencies, and the care provided by LAS was not the primary issue.

The LAS consider it best practice to consider any case declared by another provider and to invite the co-operation of any other provider involved.

Key: SUI-ED - SUI Externally Declared
SUI-ID - SUI Declared by LAS
SUI-ND - SUI Not Declared by LAS (considered by the LAS for SUI, but not declared).

Coroner Rule 43 Recommendations to the LAS

Following a death the Coroner may investigate the cause of death. Recommendations (Coroner's Rule 43) may be sent to any organisations by the Coroner if it is believed that changes to practice might prevent a reoccurrence of the events that led to the death. The Forum has asked for details of any such recommendations made to the LAS during 2009 and for information about any future inquests that involve the LAS.

Complaints and Incidents – We RECOMMEND

1. The LAS should provide the Forum with details of all recommendations arising from the investigation of patients' complaints.

2. Recommendations arising from each complaint should be provided immediately the investigation is finished, followed by six monthly reports on implementation of these recommendations with evidence of impact, outcomes and enduring improvements to service.

3. The LAS should develop systems to provide assurance that recommendations from complaints have an enduring influence on service improvements over the long term, and this evidence should be provided to complainants.

4. The LAS should routinely provide the following information to the Forum:

    a. Ombudsman's investigations of complaints against the LAS, with any recommendations.
    b. Serious Untoward Incidents (SUIs), outcomes and recommendations.
    c. Coroner Rule 43 recommendations to the LAS

5. Details of all current SUIs and SUI outcomes should be reported at public LAS Trust Board meetings and published on the LAS website.

Appendix

LAS 'Case Studies' from Complaints

CARE PLAN BETWEEN LAS AND PATIENT

A member of the public had received an answer phone message, apparently intended for the patient's GP, from an elderly patient who was experiencing breathing problems. The patient sounded very breathless, and requested an urgent GP visit. The member of the public was concerned as she had no details of the patient's phone number, but did have most of the address.

We were able to confirm that we had not attended on that day. Our control room was contacted and an ambulance was dispatched to ensure the patient was safe and well. It was subsequently identified that the patient is a frequent caller and action is being taken to establish a Care Plan approach.

VULNERABLE ADULT INVESTIGATION

In relation to a complaint against a local authority, a Freedom of Information request was received relating to a specific incident involving the enquirer's relative. The enquirer was advised that the information would be made available under the Data Protection Act, providing the patient's consent could be obtained.

The enquirer provided an authorisation document, signed by the patient. On further enquiry, it emerged that the incident related to several allegations of abuse made by the enquirer against the patient's next of kin, with the enquirer being unhappy with the patient's management by the agencies involved, including our service.

As a result, we attended a multi-agency strategy meeting, to which the enquirer had not been permitted to attend as a consequence of unreasonable behaviour. Detailed information of our involvement was made available, which contributed to the outcome of a 'vulnerable adult' investigation.

The authorisation was deemed invalid as the patient did not have the capacity, at the time of signing it, but a decision was made to release some of the information requested, in the interest of openness and transparency.

POOR QUALITY PTS FROM PRIVATE PROVIDER

A London hospital fracture clinic and a patient's parents raised concern that a scheduled ambulance did not arrive to take a child home. It emerged that the hospital's patient transport service provider had declined to carry out the journey. We had attended, but the patient had already gone home by independent means, at some clinical risk.

An explanation was provided and the hospital agreed to review the terms of the contract held with their PTS provider.

IMPROVING COLLABORATION WITH SOCIAL WORKERS

A 'vulnerable adult' referral was completed by a crew regarding a carer. What was considered as aggressive messages had been left for the crew on station.

The crew was alarmed that the carer in question had obtained their contact details and that this had somehow been 'leaked' by our service. The local management team was concerned that this may affect crews and lead them to be hesitant to make referrals, in fear of reprisals.

On investigation, it emerged that the person who had left messages was in fact the social worker managing the case and who had independently reported being alarmed at being unable to contact the crew. The social worker's speech impediment appeared to have been misconstrued as aggression.

We were able to clarify what had occurred and establish a process by which social work staff can use a central mechanism to access additional information after a vulnerable adult referral has been made. Additional learning focussed on understanding the perspective of people with speech impairments.

SUPPORTING CALLER WITH AUTISM

We received an account of a young man who was placing a significant number of 999 calls. Enquiries were made which identified that the person has autism and the 999 calls a feature of his behaviour.

A Care Plan is being agreed to enable alternative contact should calls from this patient be received, so that it may be verified if there is an actual emergency.

IMPROVING CARE HOME CARE

Concerns were raised at the delay in accessing a patient and the fact that no-one at the care home was aware that the family had contacted us.

The care home has since prepared a written procedure for out-of-hours with a designated co-ordinator who will liaise with other agencies, and have initiated an End of Life Programme to include the details of other family members, etc.

REVIEWING AND IMPROVING CARE PLAN

A patient was unhappy with the service he received from the attending ambulance staff. It was identified that the patient was frequently calling 999.

After enlisting the assistance of the patient's GP, who was unaware of the number of 999 calls, the patient's community care package was reviewed to increase the level of support provided by carers and install a hoist. The patient has subsequently not placed any further 999 calls.

ATTITUDE OF LAS CREW

A patient raised concerns about the attitude of the attending crew, who responded to what they considered to be a lower priority call than had been designated. A Quality Assurance review concluded that the call had, indeed, been over-prioritised – in particular in relation to the patient's perception of what constitutes an emergency and de-escalation practice.

IMPROVING ACCESS INFORMATION

The caller was a first-aider of 30 years experience who felt that it had not been made clear whether an ambulance was being sent, which led to an altercation with the call handler. The Quality Assurance Report concluded that the call handler could have explained the procedure better.

We were able to clarify the system used. The caller welcomed this explanation and advised that he would share this information with first-aider networks, to increase awareness of the call management process.

LACK OF URGENCY FOR PATIENT WITH BLEEDING IN THE BRAIN

A patient's family was unhappy with the care provided and at the apparent lack of urgency of the attending staff, particularly at the time the crew was on the scene. The family was concerned that the patient's condition, later identified as severe bleeding in the brain, could have been alleviated if the crew had acted appropriately.

A comprehensive response was provided, explaining the clinical care provided and that the on-scene time was reasonable in the circumstances. The learning point was the need to communicate better with relatives so as to enable improved understanding of the care and treatment provided.

INTER-PROFESSIONAL DISPUTE

A dispute occurred when a crew attended a patient where a district nurse was already on the scene. The ambulance staff was concerned that the patient was presenting with primarily social care issues rather than a clinical emergency.

A comprehensive explanation was provided and an apology offered. The learning point was the need for both the involved agencies to work closely together to enable a patient-centred approach, in keeping with the clinical leadership model.

IMPROVING COMMUNICATIONS WITH PATIENTS

A diabetic patient felt that the attending ambulance crew had displayed a hostile attitude. It became apparent that the crew had not appreciated an understanding of the patient's perspective, and there had been a breakdown in communication which had only caused matters to become heightened.

The case was put forward for inclusion in the 'Excellence in Patient Communication' training programme and a recommendation was made to our Education and Development Department to invite input from specialist agencies who work with particular patient groups to contribute to care management protocols, etc.

IMPROVING MENTAL HEALTH CARE

A patient under the care of a mental health unit was on 'home leave' and became unwell. The attending crew was unable to convey the patient to the unit, as there was no direct care pathway agreement in place. The crew offered to take the patient to the local A&E, but the patient's mother felt that was totally inappropriate and chose to arrange for the patient to be taken to another destination.

As an outcome following review, the local ambulance manager agreed to ensure ambulance complex staff was familiar with referral guidelines with the local Mental Health Assessment Team and to raise this incident at a liaison meeting with the local mental health provider Trust, to achieve an improved care pathway.

DEATH OF A BABY

An ambulance was called to a baby who was experiencing noisy breathing, although conveyance to hospital as a precaution was declined. Sadly, the baby died later that day. A comprehensive review concluded that it was impossible to know whether the baby would have survived if he had been conveyed earlier.

The incident has, however, prompted a review led by the Medical Directorate, of consent procedures in relation to non-conveyance. The case also demonstrated the benefit of inter-agency liaison, involving obtaining information from the Coroner's Office and the Acute Trust concerned so as to enable an informed clinical review of the care provided.

END OF LIFE CARE

Following an approach from a care home, we provided records relating to a specific incident. This led to clarification of our practice and procedure in relation to recognition of Life extinct and the requirement for an emergency response in such situations. We later arranged for two paramedic staff to take part in a reflective practice exercise, also including the care home provider and the Local Authority.

The outcome actions involved the care home provider introducing a number of measures to improve end of life and emergency management across all their care homes.

Annual Report and Financial Statement for 2009

Annual Report December 31st 2009

Objects of Patients' Forum Ambulance Services (London) Ltd

The Company was formed by members of the statutory Patients' Forum for the London Ambulance Service as a not-for-profit company with exclusively charitable objects. The statutory Patients' Forum was abolished in 2008.

The Company is committed to act for the public benefit through its pursuit of wholly charitable initiatives comprising:

(i) The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering; and

(ii) The promotion of the efficiency and effectiveness of ambulance services

and the company is dedicated to the pursuit of its objects as a small unregistered charity with a view to registration with the Charity Commission as and when appropriate.

Vision Statement

The Patients' Forum is an unregistered charity that promotes the provision of ambulance services and other health services which meet the needs of people who either live in London or use services provided in London.

The Charity will influence the development of better emergency health care and improvement of patient transport services by speaking up for patients and by promoting and encouraging excellence.

Mission Statement

1. We shall optimise existing working arrangements with the London Ambulance Service.
2. We shall work with existing networks that champion patients' and user groups.
3. We shall continue to develop our stroke campaign by approaching all stakeholders and petitioning for generic, effective and consistent approaches to service provision that reduces deaths and disability from stroke.
4. We shall work to put in place an effective system for patients and carers with hearing disabilities to communicate with the ambulance staff.

5. We shall promote the development of compulsory quality standards for Patient Transport Services.

6. We shall promote research to assess the clinical outcomes for the 25% of those who called 999 and were allocated a Category A (life threatened) response, but did not get an ambulance within eight minutes.

7. We shall work with partners to develop services for the care and transport of people with severe mental health problems and their carers that respect their wishes. The Charity will be sensitive to their vulnerability, safety, culture and the gravity of their situation.

8. We shall work with the LAS to develop effective protocols, to respect the wishes of patients with Advance Directives, to ensure that their care is provided in accordance with their prior decisions.

9. We shall work with the LAS Diversity and Human Resources Departments to develop a work force which reflects the ethnic diversity of communities across London.

10. We shall work with the 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.

11. We shall work with the LAS, other Ambulance Services, NHS, Trusts and developing countries to promote access to resources that will assist countries to achieve their Millennium Development Goals.

Over the past year the Forum has continued to grow in respect of its influence with the LAS, the numbers of those who are active in and attend meetings and in its range of interactions across London. A key development for the Forum has been its attraction for members of LINks across London and the attendance at Forum meetings of Chairs of London LINks.

During 2008 and 2009 there was an exchange of letters between the LAS and the Forum through which both parties expressed their intention to promote and encourage the relationship between the Trust and the Forum to continue to develop and produce positive approaches to involving patients and the public in a wide range of London Ambulance Service activities. The LAS also agreed to support the Forum by providing indemnity cover for Forum members participating in monitoring activities in relation to LAS service.

Directors' Report and Financial Statement for the year ended 31st December 2009

The Trustees have pleasure in presenting their report and financial statement for the year ended 31st December 2009.

Incorporation

The company which was incorporated on November 29th 2006 under the Companies Act 1985 is a not-for-profit private company limited by guarantee, with no share capital, registered with the name of Patients' Forum Ambulance Services (London) Ltd. Its Memorandum and Articles of Association are in the model format for a charitable company as issued by the Charity Commission. Its objectives and activities are those of a small unregistered charity, as described more fully in this report.

The nature of the company's business is covered by the classification code categories: 8514 - Other human health activities and 9133 - Other membership organisations.

Directors and Trustees

The directors of the company are its Trustees for the purpose of Charity law. As provided in the Articles of Association, the directors have the power to appoint additional directors.

The Trustees who have served during the year and since are:

- Malcolm Alexander
- Michael English
- Dr Joseph Healy
- Saleha Jaffer
- John Larkin
- Mark Mitten
- Louisa Roberts
- Robin Standing
- Rev Sister Josephine Udie
- Mary Arayo - (retired 1 June 2009)
- Anne Blanche - (retired 1 June 2009)
- John Murphy - (retired 1 June 2009)
- Dr Lena Wanford - (retired 1 June 2009)

Patients' Forum Ambulance Services (London) Ltd comprises members of the public including patients and carers. The office of the Patients' Forum is located in London.

Activities and Achievements

The activities and achievements of the Company during the year ended 31 December 2009 are more fully recorded in the preceding pages of this publication.

Early in 2008, the Company was initially in substantially preparatory mode in readiness for the statutory termination of the previously statutorily-created Patients' Forum for the London Ambulance Service. The Company had been incorporated in anticipation of national changes introduced by the *Local Government and Public Involvement in Health Act 2007*, which abolished all statutory Patients' Forums with effect from 31 March 2008 and moved towards establishing Local Involvement Networks (LINks) during 2008.

During the previous four years, the statutory Patients' Forum had successfully monitored the London Ambulance Service and had formed links with other Forums, the voluntary sector, Primary Care Trusts, Local Authorities, Members of Parliament and the Strategic Health Authority for London, as well as forming links with patients, patients' groups and the public.

More than a year before the abolition of the statutory Forums on 31 March 2008, our members had already decided to carry on our highly effective work. Accordingly, since 01 April 2008, duly perpetuated and established as a corporate body in the voluntary sector, we have continued with our monitoring of ambulance services, continuing to work with the London Ambulance Service and other health bodies in London and beyond, liaising with LINks and ensuring that a body of experienced people exist who can be highly effective at monitoring health services. By our proactive rejection of the Government's plan to abolish our Forum and curtail our work, we have successfully continued to exercise our commitment to supporting and influencing the development of high quality health services, emergency care and patients' transport services.

During 2009, the Company responded to a constructive letter of mutual recognition and understanding which had been invited and received towards the end of 2008 from the Chief Executive of the London Ambulance Service, in confirmation and furtherance of the good working arrangements which characterise the relationship between the London Ambulance Service and the Forum.

Our plan is to expand and to seek to raise funds to support our charitable activities and to continue to meet in public to support and to influence the development of patient centred ambulance and other health services that meet public need. Members from across London and affiliates from all parts of the UK are very welcome to join us.

Members and Affiliates

All the Trustees are members of the Company. During the year ended 31 December 2009, the Company also enrolled several other members of the Company. Each member guarantees, in accordance with the Company's Memorandum of Association, to contribute up to £10.00 to the assets of the Company in the event of a winding up.

Membership is open to individuals who are London based. Members are entitled to attend meetings of the Company, and to vote thereat. The annual membership fee is £5.00. New members are welcome to join.

Affiliation is open to groups/organisations and to individuals, both local and national. Affiliates are fully entitled to attend meetings of the Company, but not to vote thereat. The annual Affiliation fee for groups/organisations is £50.00. The annual Affiliation fee for individuals is £5.00. New Affiliates are welcome to join.

This report was approved by the Trustees on _____ 2010
and is signed on their behalf by:

_____ _____

MALCOLM ALEXANDER
Director/Chair

JOHN LARKIN
Director/Company Secretary

Income and Expenditure Account

For the year ended 31 December 2009

	Restricted Funds £	Unrestricted Funds £	Total £
Incoming Resources			
Grants	-	-	-
Donations	-	91	91
Membership fees	-	225	225
Affiliation fees	-	10	10
Investment income	-	-	-
Other	-	-	-
Total incoming resources		**326**	**326**

Resources expended			
Companies House	-	30	30
Incidental administrative expenses	-	2	2
Total resources expended		**32**	**32**

Net incoming/(outgoing) resources for year	-	294	294
Total funds brought forward	-	286	286
Total funds carried forward		**580**	**580**

Balance Sheet

31 December 2009

	£	£
Fixed assets		-
Current assets		
-debtors	-	
-cash in bank	580	
-cash in hand	-	
	580	
Creditors		
- amounts falling due within one year	-	
Net current assets		**580**
Total assets less current liabilities		**580**
Reserves		
-restricted funds		-
-unrestricted funds		580
		580

Notes

1. These accounts have been prepared in accordance with the special provisions for small companies under Part 15 of the Companies Act 2006.

2. For the year ended 31 December 2009 the Company was entitled to exemption under Section 477 of the Companies Act 2006.

3. No notice from members requiring an audit of the accounts has been deposited under Section 476 of the Companies Act 2006.

4. The Directors acknowledge their responsibility under the Companies Act 2006 for:

   (i) Ensuring the Company keeps accounting records which comply with the Act

   and ...

   (ii) Preparing accounts which give a true and fair view of the state of affairs of the Company as at the end of its financial year, and of its income and expenditure for the financial year in accordance with the Companies Act 2006, and which otherwise comply with the requirements of the Companies Act relating to accounts, so far as applicable to the Company.

5. Patients' Forum Ambulance Services (London) Limited is a registered Company limited by guarantee and not having a share capital; it is governed by its Memorandum and Articles of Association. It is an unregistered charity whose income is currently insufficient to fulfil the criteria for compulsory registration with the Charity Commission.

This financial statement was approved by the Trustees on_____ 2010
and is signed on their behalf by:

_____ _____

MALCOLM ALEXANDER
Director/Chair

JOHN LARKIN
Director/Company Secretary

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