PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

FORMAL STATEMENT FOR THE LONDON AMBULANCE SERVICE QUALITY ACCOUNT

JUNE 28th 2015

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Zoe Packman, Director of Nursing and Quality, London Ambulance Service

Dear Zoe, thanks so much for inviting the Forum to contribute to your draft Quality Account, and for the valuable meeting we held with you on Tuesday 26th May, 2015. We do want to emphasize the importance we attach to the discussions we that are now taking place with yourself, Fionna Moore and other colleagues at the LAS. We also value enormously the contribution that LAS staff make to our monthly public meeting at LAS HQ.

A few things we would like to mention in addition to the issues set out below are: the important work that is going on in east London to develop the paradoc service; the importance we attach to developing a workforce that chooses to work with the LAS because of your proactive work with communities across London, and the value to the LAS which derives from listening to and learning from people who use your services.

Our formal statement for the 2015 Quality Account:

(i) WAITING FOR CLINICAL CARE FROM THE LAS

We are aware of the enormous amount of work the LAS is doing to recruit staff, but we remain concerned about the very long waits, sometimes of several hours, still experienced by some patients who are categorised as requiring a Cat C response. This includes patients who have had falls and people suffering from dementia.

The Forum recommends that the LAS greatly enhances its links and formal agreements with local health and social care services, so that whenever possible immediate support is provided locally to ensure the safety of the patient until the LAS resource arrives. The use of a new category of Community Responders may also be considered as an interim measure to secure the safety of patients waiting for a clinical response from the LAS.

ii) DEMENTIA CARE

We welcome the increasing focus on the care of patients with dementia, which includes the training of staff and linking up with organisations that specialise in dementia care.

We recommend that training in dementia care becomes more comprehensive e.g. with regard to pain control. We would also like to recommend that the film Barbara's Story, created to raise awareness of dementia among all 13,200 staff at Guy's and St Thomas', is seen by all LAS staff to gain a better understanding of the subtle signs and symptoms that are common in people suffering from dementia.

https://www.youtube.com/watch?v=DtA2sMAjU_Y

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iii) PATIENTS WHO FALL

Patients who fall often wait long periods for care. It is essential when clinicians assess them to follow the NICE Guidelines - CG161 in relation to:

- Cognitive impairment
- Continence problems
- Falls history, including causes and consequences (such as injury and fear of falling)
- Footwear that is unsuitable or missing
- Health problems that may increase their risk of falling
- Medication
- Postural instability, mobility problems and/or balance problems
- Syncope syndrome (fainting which can be caused by dehydration, medications, diabetes, anaemia, heart conditions)
- Visual impairment

We recommend that in addition to providing assurance that all staff are fully aware of these guidelines when providing care, that the LAS ensure that direct referrals can be made to either falls teams or 'single point of access' teams in every London borough. (currently this service is available in Wandsworth, Kingston and Richmond, Merton and Sutton, Enfield and Lambeth).

iv) SAFEGUARDING

Considerable progress has been made in the development of safeguarding procedures and training, and there has recently been an excellent Safeguarding Mental Heath conference. However, there are still some weaknesses in the system.

We recommend that the LAS prioritises improving the supervision of staff involved in safeguarding, developing a training database and developing more effective methods to communicate safeguarding referrals and related information to the large number of partners in London (ref: Butler-Sloss Report).

v) FAST TEST FOR STROKE

Despite very significant advances in the identification and treatment of patients who have had a stroke, a recent case highlighted the need for more effective training for staff in identifying these patients and rapidly transporting them to hospital.

We recommend refresher training takes place to ensure that the use of the FAST test is fully understood by all front line clinicians.

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vi) AMBULANCE QUEUING
The queuing of ambulances outside A&E department is completely unacceptable, because it results in some of the sickest people in London waiting considerable periods of time for A&E care. It also prevents frontline clinicians from treating seriously ill people across London.

We recommend that the Board of the LAS works jointly with the Greater London Authority and NHS England to urgently find a solution to this problem.

vii) CARE OF BARIATRIC PATIENTS
The care and transportation of bariatric patients in emergency situations from their home to hospital can be complex and hazardous for the patient and clinical staff. Appropriate procedures and equipment must always be available.

We recommend that the LAS develops clear operational plans to respond appropriately to the growing bariatric population in London. These plans should include effective training of all front line staff in assessment of patients, and the use of specialist manual handling and clinical equipment during the care and treatment of bariatric patients. Adequate numbers of vehicles need to be available to accommodate bariatric patients in safety and comfort and with dignity.

viii) RESUSE OF BLANKETS
Despite the Chief Medical Officer confirming to the Forum in 2011 that re-use of blankets for patients is always unacceptable and poses a cross-infection risk, our intelligence from front line staff is that multiple blanket use continues

We recommend that the LAS ensures that multiple blanket use stops immediately.

ix) END OF LIFE CARE
The use of the Co-ordinate my Care system and Advance Care Plans in the LAS is still under developed for patients requiring 'end of life' emergency care. Evidence of compliance with Advance Care Plans is not available, but should be produced by the LAS and other health bodies.

We recommend that continuous training and updating of frontline LAS staff in end of life care throughout 2015-6 and beyond is essential and that regular assessment takes place to ensure appropriate and adequate responses to the CmC and ACPs.

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x) PATIENT AND PUBLIC INVOLVEMENT BY THE LAS

Outreach work by the LAS, across London, is highly successful, very extensive and engages LAS staff as volunteers, to meet wide and diverse groups and communities across London, but evidence of service improvement through community engagement is lacking.

We recommend that the LAS should demonstrate how engagement with communities influences and enhances services provided by the LAS and impacts on recruitment to the LAS

xi) STAFF SHIFT PATTERNS SHOULD BE FULLY EVALUATED

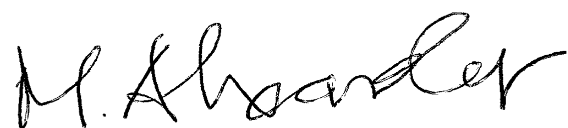
There is considerable national and international research on the deleterious effects of shift work on both short and long term physical and mental health. Some staff members are not suited to shift work and able to remain healthy and well, but are excellent front line clinicians. The LAS needs to reconsider the health and safety needs of patients and staff.

WE RECOMMEND that the impact of long shifts on front line staff is fully evaluated by the LAS, especially in relation to the impact of 12 hour shifts, without adequate meal breaks and rest on: clinical care; the health of staff; training and complaints against staff, e.g. in relation to attitude and behaviour. Staff should be interviewed about the effects of shift work on their health and clinical practice during annual appraisals, and be involved in development of improved alternatives.

xii) Serious Incidence investigations are one of the most important measures to enable the clinical staff to learn for lapses in effective care, and to provide assurances to the public that care has improved through root cause analysis and reflective practice.

We recommend that outcomes from SI investigations and evidence of consequent improvements in safety are placed in the public arena for patients and the wider community to read.

Malcolm Alexander



On behalf of the Patients' Forum

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