

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

ANNUAL REPORT AND FINANCIAL STATEMENT 2020

OUTSTANDING PATIENT AND PUBLIC INVOLVEMENT WITH THE LAS FOR 16 YEARS

Duty of the LAS to Comply with the NHS Constitution for England

The Patient will be at the heart of everything the NHS does
"NHS services must reflect - and should be co-ordinated around and tailored to the needs and preferences of patients, their families and their carers. The NHS (LAS) will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services".

NHS Constitution

This Report contains Patient and Public Recommendations to the LAS for Service Improvements in Urgent and Emergency Care:

- Stroke Care
 - Epileptic Seizures
 - Co-Production Charter
 - Improving the LAS 111 Service
 - Preventing Suicides and Self Harm
 - Better Care for LGBTQ Communities
 - Reducing Harm to Intoxicated Patients
 - Emergency Ambulance Access to Prisons
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POSITION	NAME AND CONTACT	HEALTHWATCH
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Chair Director/Trustee	Malcolm Alexander patientsforumlas@aol.com Tel: 0208 809 6551 / 07817 505193	Hackney Healthwatch
Director/Trustee	Louisa Roberts Tel: 0208 986 8972	
Vice Chair Director/Trustee	Sister Josephine Udie sisterjossi@hotmail.com	Lewisham Healthwatch

Our four Director/Trustees have remained in office for the whole of the period since the 2006 launch of the Company, including the year ended 31 December 2020.



Malcolm Alexander

John Larkin


Sister Josephine Udie

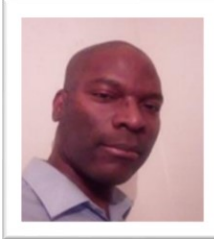
Louisa Roberts


SPECIAL THANKS TO ...


- Our fantastic members for their high level of involvement and engagement in our activities, and for helping to make the Forum so effective.
- John Larkin, Company Secretary, for his outstanding governance work and support for the Forum.
- Polly Healy for maintaining our website and ensuring that our publications are produced, and copy edited to the highest standard.

SPECIAL ADVISORS TO THE PATIENTS' FORUM


SPECIAL ADVISOR	SPECIALITY
ALEXIS SMITH	MENTAL HEALTH
	<p>My Experience of the London Ambulance Service – Suicide and Self-Harm</p> <p>https://tinyurl.com/5xmp76m3</p>


COURTNEY GRANT	STROKE AND HUMAN FACTORS
	<p>Stroke and Human Factors</p> <p>https://tinyurl.com/z4cwc2w6</p>

Dr. JOSEPH HEALY	LGBTQ – EMERGENCY CARE
	<p>Quality and Diversity in the LAS – Safe and Effective Services for London's LGBTQ Communities</p> <p>https://tinyurl.com/9u7k8nyt</p>

ARCHIE DRAKE	HEALTH INEQUALITIES
	<p>LAS and The Inverse Care Law – Exploring Health Inequality in London Using Ambulance Data</p> <p>https://tinyurl.com/fj4jxbc5</p>

ANTHONY JOHN	SICKLE CELL LEAD
<u>Newsletter:</u> To follow ...	

SEAN HAMILTON	EPILEPSY
	<p>Identifying Service Improvements for the LAS to Enhance Clinical Care of Patients Having Epileptic Seizures</p> <p>https://tinyurl.com/e9vbmbfy</p>

VIC HAMILTON	EPILEPSY and CARER
	<p>Identifying Service Improvements for the LAS to Enhance Clinical Care of Patients Having Epileptic Seizures</p> <p>https://tinyurl.com/e9vbmbfy</p>

MIKE ROBERTS	LOCAL GOVERNMENT
	<u>Newsletter:</u> To follow ...

All Patients' Forum Newsletters can be found at:
<https://www.patientsforumlas.net/newsletters.html>

INTRODUCTION

The Patients' Forum is an unregistered Charity which promotes the provision of effective emergency and urgent care that meets the needs of people in London. Our Annual Report outlines our aims and achievements in relation to our charitable objectives during 2020.

Central to our work is the place of patients, their relatives and carers, at the front of our campaigning activities. We monitor the LAS in relation to its effectiveness, safety and responsiveness to patients needing urgent and emergency care. We encourage the LAS and Commissioners to listen to service users and we promote improvements in clinical care. The LAS is an organisation that struggles to listen to the voice of patients and act on their experiences to improve patient care.

The Forum wants the patient's voice to be heard loud and clear, valued and respected during the planning and design of services, and in the development of new clinical, quality and performance strategies. During 2020 the LAS has failed to meet these objectives.

It is also essential that the diverse voices of service users are continuously heard and valued as a catalyst for the evolution of more effective care, provided in collaboration with health and social care services in every London Borough.

Many service improvements are needed, including responsiveness to emergency calls, the further development of mental health care services, responding effectively to patients' complaints within a shorter time frame, and the transformation of the LAS in relation to equality, diversity and inclusion. We co-produced a Complaints Charter with the LAS to improve their handling of complaints, but they have now withdrawn from promoting this Charter.

[www.patientsforumlas.net/uploads/6/6/0/6/6606397/london_ambulance_complaints_charter_nov17_v2\[1\].pdf](http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/london_ambulance_complaints_charter_nov17_v2[1].pdf)

There is no evidence that the LAS is listening to our recommendations for service improvement and implementing our proposals in a way that is long term, sustained and enduring.

We hope you will find our Annual Report informative and helpful. If you wish to learn more about the Forum and participate in our activities, you are welcome to attend our Public Meetings (mostly online) and become a member (membership is open to the public, Healthwatch and the voluntary sector).

Malcolm Alexander
Chair

Patients' Forum for the LAS

www.patientsforumlas.net

MONITORING AND WORKING WITH THE LONDON AMBULANCE SERVICE

The Forum is a 'critical friend' of the LAS and was active in ten LAS Committees, as well as regularly meeting LAS Executives. We have also contributed to Trust Board Meetings, by raising questions regarding the quality and improvement of services.

Our members have contributed to discussions on LAS policy, strategy and risk. We have, for many years, collaborated with the LAS to promote and encourage effective involvement of patients and the public in the development of LAS services, and London's emergency and urgent care.

The LAS formerly supported the Forum by providing indemnity cover for our members when they take part in service monitoring and ride-outs. They have also provided Meeting Rooms,

photocopying and refreshments for Forum meetings.

During 2020, the LAS became concerned about being monitored by the public through the Forum. This surprised our members because we had taken part in monitoring activities since 2006, which led to many improvements in patient focused LAS services. We also assisted the LAS by participating in mock CQC inspections to get them ready for formal CQC inspections.

The LAS appears to be trying to protect itself from the critical voice of patients and the public by stopping the Forum's monitoring activities.

MEETINGS OF THE FORUM AND SPEAKERS IN 2020

The Forum has, for many years, invited lay and professional speakers to address our meetings and to hear the voices of service users, carers, and the public.

These meetings are intended to influence the development of emergency and urgent care services to better meet the needs of patients.

Speakers engage in debate with our members, share experiences and help find solutions to deal with services that need improving.

Our members offer ideas for the improvement of services from a patients' and carers' perspective.

PUBLIC MEETING – 2020

As a result of the Pandemic, we only held on Public Meeting in 2020 on 09 March 2020.

PATIENT AND PUBLIC INVOLVEMENT (PPI) IN THE LAS

Through our work with the LAS PPI Committee, the Forum was able to participate in plans for the enhancement of public involvement by the LAS.

There is currently no evidence to demonstrate how the patients' voice influences the development of LAS services. The evidence-base for service improvement through public engagement needs strengthening. We believe the LAS should be able to demonstrate continuously where communities have influenced the development of frontline services.

The model adopted by the Forum of inviting large numbers of service users with particular conditions to meet with LAS clinicians, and to propose service improvements, was very successful in raising clinical standards and enhancing user involvement.

We have already, or intend to, use this model with respect to services for people who are LGBTQ, those with

epilepsy, acute mental health problems, stroke and women who have experienced poor service during pregnancy. We also want to explore the impact of health inequalities on the effectiveness of LAS care.

Senior staff in the LAS were always willing to engage with, and answer questions put by the Forum and respond quickly.

However, a new culture has developed in the LAS, which aims to resist responding to issues raised by the Forum, and staff have been told not to respond to our questions, ideas, and proposals for service development. Consequently, we have only been able to engage with senior LAS staff at private meeting.

The LAS has also blocked all emails sent to LAS colleagues, thus blocking statutory patient and public involvement and engagement.

ALL FORUM PAPERS ARE PLACED ON THE WEBSITE:

<https://www.patientsforumlas.net/newsletters.htm>

FROM THE LONDON AMBULANCE SERVICE WEBSITE ...

"What is the Patients' Forum?"

The Patients' Forum is an independent body that monitors us for the benefit of the public.

Who makes up the Patients' Forum?

It is made up of members of the public who are involved in our monitoring, audit, research and policy-making committees.

Officially, Patients' Forums were abolished in March 2008 and are no longer statutory bodies.

However, we have continued to have an effective relationship with our forum and work with them in the following ways:

- Our Senior Managers attend Forum Meetings to present information and invite discussion on a range of topics. This gives Forum members the chance to have a say on key issues and decisions.
- Ad-hoc meetings have been held, and action taken, to take forward issues of particular interest to Forum members.
- More recently, we have run a series of visits to the Control Rooms for Forum members and have also run a basic Life Support Session for them".

DELETED BY THE LAS FROM THE WEBSITE IN 2020

TWITTER

We are now publicising the Forum's work better through our Twitter Account.
@ForumLas

LONDON AMBULANCE EDUCATION CENTRE

STAFF EDUCATION LEADS

Polly Healy

Jane Marriott

Malcolm Alexander

In 2017, the Patients' Forum and the LAS Education Centre in Fulham established the PPIP – the joint Patient and Public Involvement Panel - a 'best practice' body established to monitor the HCPC programme for the transition of Emergency Ambulance Crew to Paramedics. It was an HCPC requirement (HCPC - Healthcare Professions Council).

We lectured to front-line staff on the importance of patient involvement, provided many volunteers to act as mock patients for staff assessments, monitored the effectiveness of the recruitment and assessment process for new recruits to the Paramedic programme, and contributed many hours to the development of this excellent programme.

As a result of the decision of the LAS to abandon effective public involvement, the PPIP was closed without any discussion or consultation with the Patients' Forum or the PPIP members.

This was probably the worst example of an NHS body undermining effective patient and public involvement, in the recent history of the NHS.

KEY ISSUES AND RECOMMENDATIONS – 2020

WORKING WITH COMMUNITIES TO REDUCE DEATHS FROM CARDIAC ARREST



Cardiac Resuscitation Lead

Sister Josephine Udie

This work is led by our Vice Chair, Sister Josephine who actively promotes CPR training and training in the use of defibrillators.

The Forum, through Sister Josephine, has promoted CPR and defibrillator training for communities across London, and the installation of defibrillators.

We worked with the Southwark Diocese of the Catholic Church and the LAS to provide training for congregations on Sundays after Church services, and successfully encouraged Churches to install defibrillators.

We intend to expand the Project as soon as the LAS is ready to provide staff to carry out the training. In addition, each year we have trained Forum members in CPR and use of defibrillators, but due to Covid-19, this was not possible in 2020.

DEFIBRILLATORS (AVAILABILITY) BILL

The Patients' Forum also supported the DEFIBRILLATORS (AVAILABILITY) BILL intended to save more lives of people suffering a Cardiac Arrest. We have written to Maria Caulfield MP asking her if she will reintroduce the Bill to Parliament, and she has advised us that Jim Shannon MP (Northern Ireland) will now take the Bill forward and he has a date for this when Parliament returns.

The Bill aims to save hundreds of lives each year by requiring provision of defibrillators in schools, leisure, sports and other public facilities, provision for the training of persons to operate defibrillators and funding the acquisition, installation, use and maintenance of defibrillators.

Many thanks for contacting me and for offering the much-needed support in getting this Bill through the next stages.

I am blessed to have the support of organisations such as yours and it all makes a difference.

Thank you for your offer of assistance and will certainly refer to you when the need arises.

Jim Shannon MP

CARE FOR HEAVILY INTOXICATED PATIENTS AT RISK OF HARM



Patient Safety Lead

Joseph Healy

The Forum has campaigned for the development of specialist services for patients who are heavily intoxicated and at risk of severe harm. Many patients arrive in A&E Departments in this condition.

In the past, the LAS organized local services -e.g.: in Soho and Croydon to provide care to patients to keep them safe and to carry out a clinical assessment to determine the best way of providing on-going care.

This process also enabled staff to provide advice for patients about

getting support and assistance to deal with alcohol addiction.

The CCG told the Forum that, whilst they recognised the value of the LAS services for this cohort of patients and as the patients for whom care was provided came from a wide geographical area, it was not possible to fund the service, because the costs fell upon the Borough where the service was provided.

This decision was made regardless of the NHS England policy, to fund local schemes to assist heavily intoxicated patients.

We asked the LAS how their 'leave at scene' policy relates to heavily intoxicated patients, and they replied that:

- Some of the people we go to who have had too much to drink, don't need an Ambulance on blue lights; they need to get home and sober up safely.

Our response:

The advantage of the Croydon and Soho service models was to ensure the safety of patients without deploying emergency Ambulance. They were cared for, assessed and left this support service when they were safe to return to their home. Leaving people in the street is potentially very harmful.

- We have provided mobile treatment Centres in the past but have not found them to be the most efficient use of our services and we have, therefore, focused on supporting other partner organisations.

Our response:

The Centres may not have been efficient, but they were very effective, according to staff and patients that we spoke to.

- Westminster City Council piloted a 'night hub' on Saturday nights between 1st - 22nd December, to provide a safe-space for people who have drunk too much. This is run by Council staff and volunteers and St John Ambulance. It now has funding for a further two years.

Our response:

We value this service, but it is only for a limited period in December and does not provide clinicians to assess the person who appears to be intoxicated. Some people who appear to be intoxicated are suffering from neurological disorders.

- LAS will work in collaboration with Local Authorities to identify areas where Alcohol Recovery Centres would help to reduce Ambulance requests for people suffering from the effects of alcohol

Our response:

We welcome this approach but have received no update from the LAS on their progress.

STROKE CARE



Stroke Care and Human Factors Lead

Courtney Grant

MY EXPERIENCE OF STROKE CARE IN THE LAS

In April 2014, my partner and mother of my child (our son was three weeks shy of his second birthday at the time) collapsed at work.

Paramedics swiftly arrived on scene and claimed that she was "just having an anxiety attack". She could not speak at all and could barely move her right arm or right leg.

After they had been on the scene for over an hour, they feared her condition could be more serious than first thought. They performed the FAST test and said this was "inconclusive" because she was "unable to speak" (so her speech could not be assessed). They

performed the FAST test for a second and third time and came to the same opinion.

Fortunately, they took her to a Hyper-Acute Stroke Unit at King's, to "err on the side of caution". The HASU confirmed she had suffered a massive stroke and was inches from death. She needed to have one third of her skull cut away. Her brain needed this space to swell.

If they had not done this, she would have died. My partner is now severely disabled and was only 31 years old at the time that she suffered a stroke.

LAS RESPONSE TO MY FORMAL COMPLAINT:

'We have no concerns about the clinical care provided.'

I made a complaint to the LAS about their failure to provide adequate and appropriate treatment but was not happy with the LAS's response. I came very close to giving up because I was seriously struggling to cope with this

new life that I found myself in. Not only had my partner been within inches of losing her life but would now be severely disabled for the rest of her life, I also found out that our son had a speech defect.

This is a very important point, because it shows why the Patients' Forum is so important to families going through extreme trauma - because it is very

challenging and overwhelming to try and push for much needed service improvements alone.

MY INVESTIGATIONS

As a Human Factors Specialist by profession, I know how to systemically identify the root causes of incidents and how to develop solutions. I learned everything I could about stroke care, the LAS's stroke care package, and about the FAST test (Facial drooping, Arm weakness, Speech difficulties, Time to call 999).

I spoke to leading experts on stroke, both in the UK and internationally, all of whom said that being unable to speak

is a definitive indicator and warning sign of stroke.

I also found an LAS article (March 2014 - Clinical Update) written by Neil Thomson (Deputy Medical Director at the time), saying that being "unable to speak" is a definitive warning sign of stroke. The article even expressed concerns that a number of Paramedics were missing the signs of stroke, because they were using the speech element of the FAST test incorrectly. It included the following as an example of using the FAST test incorrectly:

"FAST NEGATIVE...Unable to assess speech as NOT TALKING".

ACHIEVING CHANGE

I attended the LAS Board Meeting in the hope that I could talk face-to-face with the LAS Directors about this discrepancy in care. I met Malcolm Alexander, Chair of the London Ambulance Service Patients' Forum. He has been a 'tower of strength' and provided me with invaluable links to the LAS's Directors and senior clinical staff.

The Patients' Forum arranged a meeting with the LAS Chief Executive / Medical Director – Dr Fiona Moore - and the Director of Operations, which started a process of getting the LAS to make

substantive improvements to their stroke care.

The Patients' Forum ensured that the LAS gave me access to the Paramedics' statements about the incident. The underlying Human Factors issues became much clearer after reading these. I put together a document illustrating how to improve the speech element of the FAST test on the Patient Report Form (PRF) from a Human Factors perspective, which should reduce the risk of Paramedics incorrectly interpreting the speech element of the FAST test.

I also presented my case to the Parliamentary Health Service Ombudsman, who subsequently upheld my case against the LAS (the PHSO confirmed that the LAS's care to my partner amounted to service failure).

Later, Dr Moore and Briony Sloper, the Deputy Director of Nursing and Quality, came to our home to personally apologise to my partner for the mistakes made by the LAS – fulfilling their statutory Duty of Candour.

REAL PROGRESS

The Forum also arranged a meeting with the LAS Deputy Medical Director, Neil Thompson and his training team, and I worked with the LAS to develop a stroke training video for all front-line staff. This has been well received by

Paramedics and Emergency Ambulance Crews. I also did an Ambulance 'ride-out' in 2019, where one of the Paramedics I worked with championed the stroke video as hard-hitting and extremely beneficial.

CO-PRODUCTION IN ACTION

The Patients' Forum Annual Report states "data on LAS performance on stroke care has improved enormously." I can't imagine how difficult it would have been to push to make these improvements a reality without the invaluable help and support of the Patients' Forum.

If I had given up after receiving the LAS's response to my complaint, because I was so overwhelmed by my personal circumstances, and felt so isolated and alone in trying to bring

about change - would we have seen these improvements?

"If I had given up, another family might have had to go through the same terrible experience.

The Patients' Forum is a tower of strength to people who have experienced poor care from the LAS. They fight for the practical action that is much needed to push for change and improvements to the London Ambulance Service".

DUTY OF THE LAS TO ABIDE BY THE NHS CONSTITUTION SOUTHEAST LONDON 111 SERVICE



Public Involvement Lead

Malcolm Alexander

NHS CONSTITUTION

The patient will be at the heart of everything the NHS does. NHS services must reflect, and should be co-ordinated around and tailored to, the needs and preferences of patients, their families and their carers. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

NHS Constitution

The LAS continues to ignore the NHS Constitution in relation to recommendations that we have made to them in relation to the Southeast London NHS 111 service.

Twenty-five recommendations were made by the Forum following our eight visits to the 111 service in Croydon. The LAS failed to respond to any of the recommendations or discuss implementations despite several requests.

We have made visits to other 111 services in London, Birmingham and Bristol to observe alternative operational models for running 111 services.

We are grateful to Forum members who participated: Alexis Smith, Barry Hills, Charli Mitchell, Elaina Arkeooll, Graham Mandelli, Malcolm Alexander, Mary Leung and Natalie Teich.

OUR RECOMMENDATIONS FOR IMPROVEMENTS TO THE 111/ IUC AND LAS RELATED SERVICES INCLUDED:

Recommendation 1 PARITY OF ESTEEM FOR PATIENTS IN A MENTAL HEALTH CRISIS

The 111/IUC service should employ Mental Health Nurses in their clinical team 24/7 and develop better remote access to community mental health workers and psychiatric liaison professionals. This will ensure that Call Handlers can quickly refer a caller to a clinician with the most appropriate clinical knowledge, skills, experience and access to specialist services. Patients should always feel 'heard' and able to describe their distress or trauma to experienced mental health clinicians.

In order to achieve 'parity of esteem' for patients suffering a mental health crisis, the LAS Clinical Hub should aim to ensure that all mental health referrals to the Hub receive a response from a member of staff qualified and/or trained in mental health care.

Recommendation 2 ACCESS THE LAS MENTAL HEALTH CARS

Staff in the 111 Centres should be provided with better information about access to the London mental health cars. The staff we spoke to seemed to have little awareness of this service, or whether they can refer patients to this high-quality LAS development.

Recommendation 3 CALL HANDLER AND CLINICIAN TRAINING

Enhanced mental health training should be given to all 111 Call Handlers to improve the 'triaging' process, and to clinicians to ensure that there is a shared understanding and appreciation of risks to patients in a mental health crisis of not getting the right care first time.

Recommendation 4 WORKING WITH THE VOLUNTARY SECTOR

The 111 service should develop better contacts with Mind and other mental health charities, to provide support for people needing ongoing community support following a mental health crisis.

Recommendation 5
SEVERE GYNAECOLOGICAL ISSUES

The 111 service should focus more on the needs of girls and women with severe gynaecological problems, e.g. by showing greater sensitivity to the needs of girls and women who experience painful and extreme symptoms of menstruation.

Recommendation 6
DENTAL CARE

A survey should be carried out to identify the location of callers requiring urgent dental care over a 3-month period, and advice given to NHSE to commission appropriate and adequate levels of local dental care, including urgent dental care.

Guy's Dental Service should be commissioned to provide urgent dental appointments via the 111 service clinicians/navigators. It concerned our members that so many people were contacting 111 for urgent dental care.

Recommendation 7
ACCESS TO FALLS TEAM

The capacity for 111 clinicians to make direct referrals to 'borough based' falls teams should be developed and enhanced, to enable the 111 service to provide more rapid and safer services to patients who have suffered a fall.

Long delays in responding to people who have fallen can result in serious medical complications, e.g. chest infections and urinary tract infections. The Falls and Paradoc service in Hackney is a model of best practice for this cohort of patients.

Recommendation 8
SAFEGUARDING REFERRALS

When safeguarding referrals are made by the 111 service to a Local Authority, Outcome Reports should be considered as a mandatory requirement for each referral, to ensure the referral was appropriate, enhanced the safety and care of the referred patients, and promotes learning for staff about effective and appropriate safeguarding referrals.

Recommendation 9
CARE PLANS AND 'CO-ORDINATE MY CARE'

An enhanced process should be developed to ensure that clinicians always have access to patient's CmC records and GP 'summary care records'.

They should also recognise the importance of advising patients and their GPs about the benefits of developing a CmC plan and how these are accessed by the LAS and 111.

Recommendation 10
TIME FRAME FOR CALL BACKS

Patients should be advised of the timeframe for call-backs from clinicians, so that they know at what time to expect the clinicians' call. This approach can substantially reduce the anxiety suffered by patients.

Recommendation 11
ACCESS TO GPs

The 111 service appears to respond to many patients who cannot get adequate access to their GPs. The 111 service should collect geographic data to show where access to GPs is most problematic, so that CCGs can be enabled to respond by enhancing Primary Care access in those areas.

Surveys of patients to identify other issues regarding the quality of Primary Care would be an invaluable resource to aid service development.

See the full set of our Recommendations to the LAS:
[www.patientsforumlas.net/uploads/6/6/0/6/6606397/111_report_recs-12-12-2019 -
_website version - pcl.pdf](http://www.patientsforumlas.net/uploads/6/6/0/6/6606397/111_report_recs-12-12-2019_-_website_version_-_pcl.pdf)

MENTAL HEALTH CARE



Lead for Mental Health and Prevention of Suicide and Self-Harm

Alexis Smith

In July 2020, the Forum produced a Newsletter based on the experiences of Alexis Smith, the Forum's lead on acute mental illness, suicide and self-harm.

The following recommendations were made to the LAS, but despite the gravity of the issues raised, the LAS did not take

any action to deal with these issues or even respond. They ignored patient led advice on mental health crisis care. More recently, Dr Fenella Wrigley the Medical Director of the LAS, has promised to provide a response and did so on 18 August 2021.

See: www.patientsforumlas.net

RECOMMENDATIONS TO THE LAS – JULY 2020

Recommendation 1

In responding to patients in a mental health crisis, Call Handlers should always end the call by guiding the patient onwards. Leaving the patient uncertain about the next steps can be very harmful. The system needs to be preventative.

Recommendation 2

When a patient has suicidal ideation, their level of vulnerability must be understood more clearly by 111 and 999 services, so that a more appropriate and rapid response can be provided.

The 111 service should always have mental health professionals available to respond to a patient in crisis.

Recommendation 3

All clinical staff in 111 services should have mental health training to assist patients with, for example: suicidal ideation, autistic spectrum disorder and bi-polar.

Call Handlers create a link with the patient, which is important, but onward appropriate referral is essential.

Recommendation 4

999 LAS capacity for people who are thinking about self-harm needs to be expanded. For instance, a patient might say: "I want somebody to step in and help to stop me cutting myself".

The LAS needs to ensure they have the resources to respond rapidly to patients in this situation.

Recommendation 5

When a patient has suicidal ideation, or intends to self-harm, a referral by LAS clinicians to a GP is not usually an adequate pathway. Rapid face-to-face care with a mental health clinician is usually essential.

Recommendation 6

Patients should know what the range of options is when they have self-harmed or are thinking of doing so.

Information should be provided to these patients by the LAS following face-to-face or telephone responses, e.g. can they be fast-tracked to a CPN who is an expert in crisis care, or could they request a further visit by an LAS mental health team?

Recommendation 7

The LAS should work with the mental health acute sector, including Local Authorities, to ensure that Crisis Lines (hospital and Local Authority) are functional. Often the responses on these lines are slow and referral capacity minimal.

The Crisis Line system needs to provide an immediate response and a plan for further care and active support during at least a 12-hour period if the patient is focussed on self-harm.

Strict governance of crisis telephone lines – making sure that they answer calls and can provide a real service and referrals when needed is essential

We also recommend that, to comply with the statutory duty of 'Parity of Esteem', the LAS reaches an agreement with the Metropolitan Police, to ensure that every s135/136 detention is treated as a medical emergency, to which the LAS will respond with Advanced Paramedics and mental health nurses trained to provide acute mental health care.

ACCESS TO PRISONS AND IMMIGRATION REMOVAL CENTRES (IRC) FOR EMERGENCY AMBULANCES

Access to Secure Estates Leads

Jan Marriott and Malcolm Alexander

Following reports from Paramedics about extended delays from their arrival times at the gates of Prisons and IRCs to face-to-face contact with seriously ill patients, the Forum attempted to carry out an investigation to ascertain the extent of the problem.

We asked the LAS for data, which demonstrated the actual times taken for direct patient contact, but they informed us that they did not collect this data. We were particularly concerned because all calls from Prisons and IRCs are in practice emergencies, because they have their own clinical staff on site and are very experienced in determining whether an ambulance is needed.

The LAS assesses all patients to determine the degree of urgency using

the ARP1 system, which determines the maximum time to reach the patient in relation to their clinical condition.

Prisons and IRCs should ensure immediate Paramedic access to patients so that medical care can be provided without delay. Emergencies include life threatening conditions such as suicide attempts, heart attack and stroke.

We were surprised that the LAS could not produce the data we requested. They are experts at producing data from wheel-stop to clinical handover at A&E, but despite frequent discussions with the LAS, no progress was made.

We wrote to the Minister of Justice, Robert Buckland asking for his support, and he replied very positively as follows:

"You rightly raise a serious issue; I am keen for you to meet officials so that progress can be made".

We also sent FOIs to Prisons, IRCs and Youth Offender Centres regarding the time for ambulances to reach seriously ill patients, but most were unwilling to produce any data because "it would be necessary to cross reference records from the control room and gate room, together with prisoner escort records at each Prison, which the Minister said would cost too much.

He offered, however, to investigate through the HMPPS any specific incidents that concern us".

Our FOI questions to the secure estate were as follows.

What was the average time in 2016/17 and 2017/18 from the arrival of emergency Ambulances at your prison gates to direct ambulance crew contact with unwell prisoners?

- 1) What were the 5 longest times from arrival at Prison gates to contact with unwell patients in 2016/17 and 2017/18?
- 2) What was the average time taken from the end of Emergency Ambulance Crew contact with patients to their leaving the prison gates in 2016/17 and 2017/18?
- 3) How many prisoners were taken by emergency Ambulance to hospital in 2016/17 and 2017/18?
- 4) How many Safeguarding referrals were made in 2016/17 and 2017/18?

We met with the Ministry of Justice team specialising in this area of work and visited High Down Prison to see first-hand how the problem might be solved. We also discussed improvements required to the national and local Memorandums of Understanding between the Ministry of Justice and ambulance services.

RECOMMENDATIONS TO THE MINISTRY OF JUSTICE AND THE LAS

- 1) Collect and share data on the response times for all ARP Cat 1 and Cat 2 calls to the gates of all secure estate institutions in London for a period of 3 months.
- 2) Gather information about LAS access to seriously ill patients in the secure estate (Prisons, IRCs and Youth Offender Institutions). Include the following questions data for ambulances arriving at these institutions:
 - a) Time of arrival at gates
 - b) Time of arrival at direct patient contact
 - c) Time at the end of patient contact
 - d) Time of arrival back at gates

- 3) Provide evidence that the Memorandum of Understanding between the LAS and Ministry of Justice has been updated, to reflect the need to comply with ARP standards in relation to access to people detained in the secure estate
- 4) The Ministry of Justice and LAS should share and discuss any Section 28 reports from Coroners regarding deaths in prisons relating to poor responses from the LAS or severe delays regarding access to prisoners.

We have written to Christopher Barnett-Page at the Ministry of Justice for an update on progress with improving emergency access for Ambulances and copied to colleagues at the Home Office, High Down Prison and the Health and Justice Department at NHS England.

- Chris Barnett-Page Head of Safer Custody HM Prison and Probation Service
- Frances Hardy, Operational Practice, Detention and Escorting Services
Directorate – Home Office

EPILEPTIC SEIZURES SERVICE IMPROVEMENTS PROPOSED FOR THE LAS



Forum Epilepsy Leads

Sean Hamilton
Vic Hamilton

Priority 1 EDUCATION ABOUT EPILEPSY

LAS-wide and stakeholder education, not just about epilepsy and seizures, but the factors and components that often come with it, such as auras in the period leading up to a seizure – the Ictal Stage.

Front-line staff need to learn from the experiences of patients who suffer epileptic seizures. Our Patients' Forum experts on Epilepsy are willing to present to all staff at LAS Education Centres and the LAS Board, quality committees and CCG Commissioners.

Key issues could include understanding auras and responding to the post-ictal state; the period that typically follows seizures and is part of the recovery/brain resetting process.

AURAS

An 'aura' is the term people use to describe the warning they feel before they have a 'tonic clonic seizure'.

An epilepsy 'aura' is, in fact, a 'focal aware seizure'. Focal aware seizures (FAS) are sometimes called 'warnings' or 'auras' because, for some people, an FAS develops into another type of seizure.

The FAS is, therefore, sometimes a warning that another seizure will happen

Priority 2
LEARNING FROM THE INSIGHTS OF PATIENTS

Developing 'whose shoes' learning modules, focussed on treatment epileptic seizures for all front-line staff.

In addition to the regular staff training programmes, the 'Whose Shoes' 'role reversal' methodology could be adopted for Paramedics, EAC, students and managers to experience seizures through the eyes of patients (EAC - emergency ambulance crew).

This approach provides insight for patients, especially regular service users, to better understand the experience of Paramedics. By participating in staff training patients give something back to the amazing crews who have cared for them. University Paramedic Science courses could be included too.

Priority 3
STAFF TRAINING VIDEO

Developing a training video on Epileptic Seizures for CSR – Co-production in Action.

The Forum successfully worked with the LAS to produce a stroke training video for all front-line LAS staff. We propose a similar model for epilepsy that actively involves people who regularly experience seizures, their carers and epilepsy charities.

A key message must be that no two seizures are the same, even if epileptic in nature/origin.

Priority 4
OTHER TYPES OF SEIZURES

Focus on POTS (Postural Orthostatic Tachycardia Syndrome)

It is essential for front-line staff to learn about less common, but equally serious seizure presentations. POTS can sometimes be confused with epileptic seizures. Some patients with epilepsy also suffer with POTS, or other similar conditions.

www.potsuk.org/types-of-pots
www.heartrhythmalliance.org/stars/uk/conditions

Priority 5
ENHANCING CARE THROUGH THE CLINICAL HUB

Enhance the expertise of staff in the EOC Clinical Hub to respond more effectively to patients who have epileptic seizures.

A Handbook and App should be developed through co-production between the LAS Medical Director, the LAS CHUB, service users, epilepsy charities, and Pharmacists, which focuses on the role and needs of carers, and how the LAS can relieve the pressure on carers and families. CHUB = Clinical Hub.

Co-Production - www.patientsforumlas.net/co-production-in-the-las.html

Priority 6
PROMOTING THE TAP2TAG SYSTEM

The LAS should develop an understanding and value of Tap2Tag methodology.

Tap2Tag medical alert wristbands or bracelets ensure that when a clinician sees a patient in an emergency that accurate, up-to-date information is immediately available about the patient's medical history, medication and allergies.

The Tap2Tag uses encrypted patient/summary record access, can be co-ordinated between MedicAlert and the LAS Emergency Operations Centre (EOC) and complements the current Paramedic access to patient data through summary care records.

Priority 7
CO-ORDINATE MY CARE

Promoting Use of Care Plans and Protocols.

The LAS should encourage patients who do not have a 'Co-ordinate my Care' plan to set up a plan with the NHS, e.g. through their GP. The CmC plan can also be placed on a Medic Alert device. Ambulance staff should always ask to see the patient's care plan if they are carrying a Tap2Tag or medical alert device.

Priority 8
EPILEPSY FIRST RESPONDERS

Developing a Cadre of Epilepsy First Responders.

There is a pressing need for Epilepsy First Responders from across the epilepsy community, e.g. people who are carers of those with epilepsy, to ensure that patients having seizures get the right-care first-time.

They can also support patients to safely remain at home in the community, rather than being conveyed to hospital if this is not necessary – providing experienced clinicians agree that this is a safe option.

Some First Responders have been recruited from amongst specialist epilepsy nurses - known as Sapphire Nurses. <https://tinyurl.com/wynju67y>

SAFE AND EFFECTIVE SERVICES FOR LONDON'S LGBTQ COMMUNITIES



LGBTQ Lead

Dr. Joseph Healy

1. SAFE AND EFFECIVE

The LAS must demonstrate its commitment to providing safe and effective services for both patients and staff from LGBTQ communities.

2. CULTURAL TRANSFORMATION

The focus must be on the cultural transformation of the LAS, e.g: focussing on how safe people feel to 'come out' to the LAS as patients, carers and staff.

3. FEEDBACK FROM STAFF AND PATIENTS

The LAS should demonstrate how it obtains feedback of staff and patients who are from LGBTQ communities about their experiences of LAS services, and staff at all levels of the organisation in relation to their sexuality.

4. STIGMA AND TRAUMA

As a result of stigma and past trauma, people from LGBTQ communities may find it difficult to talk about their sexuality within their family.

The LAS needs to provide evidence that all staff are trained to have due regard and sensitivity towards patients who do not wish to speak openly in front of their families about their sexuality.

5. 'COMING OUT' SAFELY

The LAS must ensure that when staff 'come out' about their sexuality, that they feel confident and safe within the entire organisation, and able to raise concerns with Managers if they suffer prejudice or harassment. Patient care is enhanced when staff feel safe and valued by colleagues.

6. STAFF TRAINING

Training of staff to value and support LGBTQ colleagues and to build the highest standards of dignity and respect.

7. HARASSMENT AND BULLYING

Staff experiencing bullying and/or harassment must feel free to raise this issue with their Managers without fear of a deterioration in their working relationship.

If a staff member feels unable to speak to their Manager or feels not listened to, the Freedom to Speak Up Guardian must be seen as a 'safe person' to go to, to raise bullying and harassment issues and complaints against the Manager for not being supportive.

8. PRIDE MARCH

All staff should be encouraged to attend the Pride Marches, regardless of sexual orientation.

9. GENDER TRANSITION

The LAS must be equipped, and staff trained, to deal with the needs of these patients who are going through gender transition. This should include skills in recognising the symptoms of gastroenteritis and hormone related conditions.

Staff also need to feel comfortable to ask patients about their transgender history.

10. WORKING TOGETHER

The Patients' Forum is committed to working with the LAS LGBTQ Forum and to supporting its annual priorities.

www.patientsforumlas.net/meeting-papers-2019.html

EQUALITY AND DIVERSITY IN THE LAS

Equality and Diversity Leads: Sister Josephine Udie
 Dr. Joseph Healy
 Malcolm Alexander

Progress with the enhancement of race equality in the LAS, with respect to Paramedics and Emergency Ambulance Crews (EACs) has been painfully slow, despite our detailed ten-year study of race equality presented to the LAS in 2016. EOC call-

handlers are the most diverse and lowest paid group of staff in the LAS.

The most recent review of workforce data shows a small but significant increase in the percentage of BAME Paramedics in the workforce:

LAS WORKFORCE STATISTICS

Year	Total No. Paramedics	Total No. of Paramedics of BME heritage	% BME	BME Paras As % staff on front line (direct patient contact)	BME Paras As % of total workforce
2003/04	685	22	3.21	Not known	0.5
2004/05	734	26	3.54	1.07	0.65
2005/06	832	26	3.13	0.99	0.62
2006/07	816	27	3.31	1	0.61
2007/08	836	32	3.83	1.19	0.74
2008/09	881	31	3.52	1.04	0.7
2009/10	917	34	3.71	1.01	0.68
2010/11	1,025	41	4	1.22	0.83
2011/12	1,385	64	4.62	1.98	1.38
2012/13	1,648	93	5.64	2.97	2.01
2013/14	1,611	95	5.9	3.09	2.04
2014/15	1,707	106	6.2	3.49	2.3
2015/16	1,991	139	7	4.6	2.8
2016/17	1,969	134	7	4.2	2.6
2017/18	2,050	133	6.4	3.9	2.5
2018/19	2,104	158	7.5	4.8	2.7
2019/20	2,274	204	9	6.1	3.5
2020/21	2,278	225	10	10	3.5

The LAS has declared that it is committed to being more inclusive and representative of the population it serves and recognise there is more to do and that they will continue to work hard to increase of BAME representation across the Trust. They have also appointed a new Associate Director of Culture, Diversity and Inclusion, to help the Trust progress further in creating a more diverse workforce.

The percentage of BME heritage Paramedics in the LAS remained stable or decreased during the period 2013 to 2019 and increased slightly between 2019 and 2021. The actual increase in this period was: 67 Paramedics. More significant was the percentage of BME Paramedics with direct patient contact, who increased from 4.8% to 10% between 2019 and 2021.

Recruitment to the EAC (Emergency Ambulance Crew) grades offered a huge opportunity to transform

diversity in the LAS Paramedic workforce, e.g. through the EAC Paramedic programme at the Fulham Education Centre. Unfortunately, the opportunity offered by this gateway for greater diversity in the Paramedic workforce has not been realised by the LAS.

The Forum made a number of significant recommendations on this issue to the LAS which have not been implemented – had they been implemented, the workforce would have become more representative of the population of London in the medium and long term.

A major problem is that whilst other professions like nursing, medicine and HCAs are well known to the public, Paramedic science is not so well known. In addition, the expensive Australian recruitment programme had not added to the diversity of the LAS.

RECOMMENDATIONS TO THE LAS

1. Change the name of 'Emergency Ambulance Crew' to 'Emergency Ambulance Practitioners'. The word 'crew' has no positive connotations for this important profession.
2. Ensure resources are available to fully cover the costs of C1 training and licenses, without trainee Paramedics having to take out a loan.
3. Publicise the very positive career trajectory for Paramedics, compared to other professions, e.g: nursing. It is much easier for a Paramedic to move from Band 5 to Band 6, and there is a wide range of job opportunities available for Paramedics.

4. Provide resources to expand recruitment team, so that they can actively and continuously promote the profession of Paramedic science in Further Education Colleges, Sixth Form Colleges and school Sixth Forms across London Boroughs. Newham, Tower Hamlets, Brent, Southwark, Lewisham, Lambeth and Hackney would be excellent places to start. A target should be to work with at least 20 schools and colleges each year.

A highly specialised recruitment team would be needed for this development – but it is essential and will ensure that the diversity of the Paramedic workforce will within a few years remove the need to recruit from Australia.

5. Develop recruitment campaigns in the boroughs highlighted above in Churches, Mosques and Temples. Some of these places of religious worship have very diverse congregations of many hundreds of people who regularly attend services.

RACE EQUALITY IN THE LONDON AMBULANCE SERVICE

www.patientsforumlas.net/equality-inclusion-and-diversity-in-the-las.html

LAS COMPLAINTS CHARTER

The LAS Complaints Charter was written by the Forum and agreed by the LAS Board. However, they were unwilling to share the Charter with people who made complaints e.g. by

sending the Charter directly to complainants. They have now removed the Charter from their website. The commitments by the LAS were as follows:

WHEN YOU ARE DISSATISFIED WITH HEALTH CARE SERVICES

- Tell us, as soon as possible, if you are unhappy with our services so that we can investigate your concerns and quickly try to put things right for you.
- Tell us if you have any particular needs that we should be aware of, e.g. an interpreter or other ways of ensuring effective communication with you.

OUR COMMITMENT TO YOU - WE SHALL

- Acknowledge your complaint within three working days and explain how we shall handle your complaint/s and what information we need.
- Give the contact details of the person or team that will investigate your complaint.
 - Keep you updated if it takes longer than we had hoped to respond and explain our progress in the investigation of your complaint.
- Pledge that making a complaint will not adversely affect your ongoing or future treatment in any way.

WE WILL FOLLOW AN OPEN AND FAIR PROCESS BY

- Listening to you carefully and fully understanding your complaint.
- Requesting all the information we need from you.
- Explaining how we shall investigate all your specific concerns.
- Being open and honest throughout the investigation, by ensuring the Duty of Candour (DoC) is complied with and you receive copies of any relevant reports.
- Providing a comprehensive response to your complaint.
- Letting you know about local complaints advocacy services or other appropriate advocacy services to support and advise you during any complaint investigation.
- Explaining our decisions and recommendations, and how we have reached them.
- Carefully evaluating all the information we've gathered to make a decision on your complaint and explaining how you can contact and make recourse to the

Parliamentary and Health Service Ombudsman if you are dissatisfied with our findings.

WE SHALL GIVE YOU AN EXCELLENT SERVICE BY

- Treating you with courtesy and respect.
- Aiming to give you a final decision on your complaint within 35 working days – or explain the reason for any delay.
- Making sure our complaints service is easily accessible to you and giving you support and help if you need it.

<https://www.patientsforumlas.net/complaints-charter-and-complaints.html>

CO-PRODUCTION CHARTER FOR URGENT AND EMERGENCY AMBULANCE SERVICES IN LONDON

The Patients' Forum wrote the Co-Production Charter in 2019, in collaboration with Healthwatch Hackney. It provides a unique opportunity for enhancing and growing the production of patient-centred services in line with the duties imposed on the LAS by the NHS Constitution.

The Charter provides dynamic advantages for further collaboration and co-production with patients and the public.

Trisha Bain, Chief Quality Officer, formally agreed to accept the Charter at a meeting with the Forum President, Joseph Healy, and Chair, Malcolm Alexander, but the LAS have never implemented it.

Some of the key aspirations of the Charter follow; the full contents of the Co-Production Charter can be seen at:

www.patientsforumlas.net/co-production-in-the-las.html

A. THE LONDON AMBULANCE SERVICE AND THE PATIENTS' FORUM AGREE THAT:

- Services are organised so that they meet people's needs.
- Patients will have a stronger voice in the LAS than ever before.
- The patient is at the centre of everything that the LAS does.
- The LAS will listen to staff and patients to determine priorities.
- Patients and carers will be involved in all LAS improvement work.
- Integral to all LAS programmes must be robust patient and staff involvement.
- LAS will listen to patients, families and carers, and respond to their feedback.
- The LAS goal is to have patient involvement in all service redesign programmes and a patient involvement framework developed to apply this goal consistently.
- LAS will widen and increase public involvement in the development of pioneer services and the monitoring of success.
- A co-designed and co-developed patient and staff engagement model will be used to drive quality improvement across the maternity care model.

(Statements from the 2018/19 LAS Quality Account)

B. THE LONDON AMBULANCE SERVICE (LAS) AND PATIENTS' FORUM FOR THE LAS (PFLAS) AGREE THAT THE CO-PRODUCTION CHARTER:

- Provides an effective means of designing, shaping and delivering services in a partnership between the LAS and people who have used the service or may use it in the future.
- Enables delivery of our shared objectives for the creation of better services and outcomes for patients.
- Sets out the potential outcomes that people can expect from the co-production of urgent and emergency care services and other LAS care services.
- Sets out responsibilities of people taking part in the co-production of services.
- Establishes principles which are intended to achieve a vision of service users as equal partners in the production of effective urgent and emergency care.
- Signals the direction of travel for integrated service development between the LAS, patients and the public.

C. PATIENTS AND THE PUBLIC WILL BE ENCOURAGED TO:

- 1) Participate at the earliest stages in design or redesign of services, where such changes may affect their care, treatment, or interaction with front-line staff.
- 2) Operate and function as equally valued voices, assets and partners.

D. EFFECTIVE COLLABORATION IS ESSENTIAL FOR EFFECTIVE CO-PRODUCTION:

- 1) LAS and the PFLAS agree to work collaboratively in the best interests of service users and the enhancement of their care.
- 2) The LAS and PFLAS agree to ensure that proposals for service changes and improvements will be the subject of joint work from initiation of the process to completion, including feeding back to service users on the results and outcomes of co-production.

E. PROMOTING EQUAL OPPORTUNITIES TO INFLUENCE CHANGE THE LAS AGREES TO:

- 1) Acknowledge differences in the capacity to effect change and in access to resources between all those who participate in Co-Production of LAS services.
- 2) Ensure the differential in influence and resources will not hinder the design of enhanced care for users of urgent and emergency services.
- 3) Provide access to all information/ documentation relevant to achieving shared goals of Co-Production in service design and creation.
- 4) Value equally all those who participate in and contribute to the joint process of Co-Production and decision making.

REPORT AND FINANCIAL STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2020

The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31st December 2020.

INCORPORATION

The Company (No 6013086), which was incorporated on 29 November 2006 under the Companies Act 1985, is a not-for-profit private Company Limited by Guarantee, with no share capital, and is 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 un-registered Charity, as described more fully in this Report.

The nature of the company's business is covered by the classification code categories: 86900 - Other human health activities, and 94990 - Other membership organizations.

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
- Angela Cross-Durrant (resigned 6 March 2020)
- John Larkin
- Louisa Roberts
- Lynn Strother (resigned 2 March 2020)
- Rev Sister Josephine Udie

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

Since 1st April 2008, the Patients' Forum has established itself as a corporate body in the voluntary sector.

The Forum has continued to work with the London Ambulance Service and other health bodies in London and beyond, ensuring that a body of experienced people exists who can be highly effective at monitoring services provided by the London Ambulance Service and other providers, and commissioners of urgent and emergency care. The Company has worked closely with Local Healthwatch since their establishment on 1st April 2013.

The Forum has successfully monitored services provided by the London Ambulance Service and worked successfully with the voluntary sector and the Northwest London Commissioning Support Unit which commissions the LAS, as well as forming links with patients, patients' groups and the public.

The Forum has successfully carried on its commitment to supporting and influencing the development of high quality urgent and emergency health care and patients' transport services.

From the outset, the Company invited and received a constructive letter of mutual recognition and understanding from the Chief Executive of the London Ambulance Service, in confirmation and furtherance of the good working arrangements that have characterised the on-going relationship between the London Ambulance Service and the Patients' Forum. The Forum continues to rely on this document as affirming and reinforcing its relationship with the LAS.

The range of issues within the independent purview of the Company is frequently updated as necessary, and participation is readily accessible to members and the public by attending the Forum's regular meetings and/or visiting the Company's website – *www.Patientsforumlas.net*

The plan for the Forum is to expand and to seek to raise funds to support its 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 2020, 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.

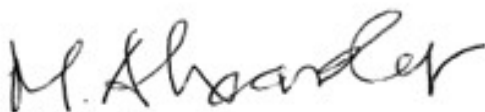
Membership is open to individuals who are London based.

Members are entitled to attend meetings of the Company, and to vote thereat. The Annual Membership fee for individuals is £10.00. New members are welcome to join.

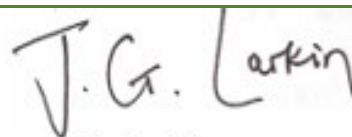
AFFILIATION

- 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 £20.00.
- The Annual Affiliation fee for individuals is £10.00. New Affiliates are welcome to join.

This Report was approved by the Directors/Trustees on 15th August 2021 and is signed on their behalf by:



Malcolm Alexander
Director/Chair



John Larkin
Director/Company Secretary



PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD
INCOME AND EXPENDITURE ACCOUNT

For the Year Ended 31 December 2020

	Unrestricted Funds 2020	Total 2020	Total 2019
	£	£	£
Incoming Resources			
Grants	-	-	-
Donations	30	30	65
Membership fees	70	70	560
Affiliation fees	30	30	120
Investment income	3	3	3
Other	-	-	-
Total Incoming Resources	133	133	748

Resources Expended			
Companies House	-	-	40
Renewal/hosting of website domain (s)	-	-	28
Incidental administrative expenses	158	158	205
Room Hire/Catering St Thomas'	-	-	120
Other	-	-	-
Total Resources Expended	158	158	393
Net Incoming/(Outgoing) resources for year	(25)	(25)	355
Total funds brought forward	3249	3249	2894
Total funds carried forward	3224	3224	3249

BALANCE SHEET - 31 December 2020

	TOTAL 2020 £	TOTAL 2019 £
FIXED ASSETS	-	-
CURRENT ASSETS		
- Debtors	-	-
- Cash in hand	-	-
- Cash in bank	3224	3249
- Gross current assets	3224	3249
CREDITORS		
- Amounts falling due within one year	-	-
NET CURRENT ASSETS	3224	3249
TOTAL ASSETS LESS CURRENT LIABILITIES	3224	3249
RESERVES		
- Restricted funds	-	-
- Unrestricted funds	3224	3249
TOTAL FUNDS	3224	3249

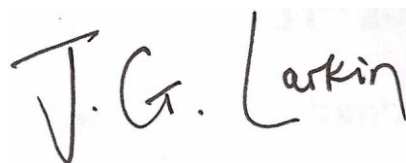
NOTES

1. These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.
2. For the year ended 31 December 2020 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 un-registered 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 15th August 2021 and is signed on their behalf by:



Malcolm Alexander - Director/Chair



John Larkin - Director/Company Secretary

OBJECTS OF THE PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD

Members of the statutory Patients' Forum, which was abolished on 31 March 2008, formed the Company alongside the London Ambulance Service, as a not-for-profit body with exclusively Charitable Objects.

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.

The Company is dedicated to the pursuit of its Objects as a small, unregistered Charity with a view to registration with the Charity Commission if, and when, appropriate.

GLOSSARY

ACP	...	...	...	Advanced Care Plan
A&E	...	...	...	Accident and Emergency Department
AMPH	...	...	...	Approved Mental Health Professional
ARP	...	...	...	Ambulance Response Programme
<hr/>				
BME	...	...	...	Black and Minority Ethnic
<hr/>				
CARU	...	...	...	Clinical Audit Research Unit
Cat 1	...	...	...	Target - life threatening conditions – 7 minutes
Cat 2	...	...	...	Target - urgent/emergency conditions - 18-40 mins
CCG	...	...	...	Clinical Commissioning Group
CPR	...	...	...	Cardiopulmonary Resuscitation
CSR	...	...	...	Corporate Social Responsibility
CQC	...	...	...	Care Quality Commission
CQRG	...	...	...	Clinical Quality Review Group
CQUIN	...	...	...	Commissioning for Quality and Innovation
CmC	...	...	...	Co-ordinate my Care
CTA	...	...	...	Clinical Telephone Advice
<hr/>				
DKA	...	...	...	Diabetic Ketoacidosis
DNAR	...	...	...	Do Not Resuscitate Notice
DoS	...	...	...	Directory of Services
EBS	...	...	...	Emergency Bed Service
ED	...	...	...	Emergency Department (A&E)
EI	...	...	...	Equality and Inclusion
EHRC	...	...	...	Equality and Human Rights Commission
EOC	...	...	...	Emergency Operations Centre
EoLC	...	...	...	End of Life Care
<hr/>				
FOI	...	...	...	Freedom of Information Act 2000
FT	...	...	...	Foundation Trust
<hr/>				
GDPR	...	...	...	General Data Protection Regulation
<hr/>				
HCA	...	...	...	Health Care Assistant
HPC	...	...	...	Healthcare Professions Council

KPI	...	...	...	Key Performance Indicators
LGBT	...	...	...	Lesbian, Gay, Bisexual and Transgender
NASMeD	...	...	...	National Ambulance Service Medical Directors' Group
NETS	...	...	...	Non-Emergency Transport Service
NHSE	...	...	...	NHS England
NHSI	...	...	...	NHS Improvement
NRLS	...	...	...	National Reporting and Learning Service
MAR	...	...	...	Multi Attendance Ratio
PPI	...	...	...	Patient and Public Involvement
PRF	...	...	...	Patient Report Forms
SCA	...	...	...	Sudden Cardiac Arrest
SCS	...	...	...	Sickle Cell Society
SCD	...	...	...	Sickle Cell Disorders
SI	...	...	...	Serious Incident
STP	...	...	...	Strategic Transformation Plan
WRES	...	...	...	Workforce Race Equality Scheme

APPENDICES

APPENDIX ONE ... PROTECTED CATEGORIES

AGE

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32-year-olds) or range of ages (e.g. 18 - 30-year-olds).

DISABILITY

A person has a disability if s/he has a physical or mental impairment that has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

GENDER AND REASSIGNMENT

The process of transitioning from one gender to another.

MARRIAGE AND CIVIL PARTNERSHIP

In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can alternatively have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act 2010).

PREGNANCY AND MATERNITY

Pregnancy is the condition of expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

RACE

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship), and ethnic or national origins.

RELIGION AND BELIEF

Religion has the meaning usually given to it, but belief includes religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

SEX

A man or a woman.

SEXUAL ORIENTATION

Whether a person's sexual attraction is towards his or her own sex, the opposite sex or to both sexes.

APPENDIX TWO



NO GENUINE PUBLIC INVOLVEMENT IN THE LAS STRATEGY

MAJOR FORUM MEETING - MONDAY MAY 13, 2019
PROGRESS WITH THE LAS STRATEGY & PIONEER SERVICES
HEATHER LAWRENCE, CHAIR & GARRETT EMMERSON, CHIEF EXECUTIVE LAS

On May 13th 2019, the Chair and Chief Executive of the LAS were invited to a public meeting of the Patients' Forum to discuss progress with their 5-year Strategy (2018-2023); however, although they both attended, neither would discuss their Strategy. Over a period of one hour, they said nothing about the progress they have made with their Strategy, leaving our members with the impression that the LAS had failed to achieve its objectives. Twenty-five members of the public attended this meeting plus a representative of the London Assembly - which has a formal role in monitoring the LAS.

This failure to present to the Forum information about progress with implementation of the 5-year strategy was particularly disturbing, because the LAS never adequately consulted on their Strategy when it was first published as a draft document. Although we met with the Strategy team it was not possible to influence the content of the Strategy. The LAS held only one public consultation meeting, attended by 12 people, 9 of whom were Forum members. Nevertheless, the LAS described this meeting as the best consultation exercise ever!

We wrote to the Chair of the LAS as follows ... But received no reply:

To Heather Lawrence, Chair, LAS

Members were very disappointed that you said nothing at all about your Strategy and Pioneer services; the main subject that we invited you to address the Forum meeting on. As you will recall we were disappointed during the consultation period at the poor level of involvement of patients and the public and hoped that the Forum meeting on May 13th 2019 would have enabled the process to move on successfully to allow stakeholders to feel more involved in the process.

Would you be kind enough to send me a written update on your progress with development of the Strategy and Pioneer services that I can share with members of the Forum, Healthwatch and our voluntary sector partners?

Malcolm Alexander, Chair, Patients' Forum for the LAS

On May 23rd, 2019, the LAS released their one-year review of the Strategy, which the Forum discussed at our June 2019 meeting without LAS strategy leads being present.

Our members were concerned on reviewing this document, that several of the key developments proposed in the strategy were unfunded by the

commissioners, and that there was an absence of any focus on community stakeholders, e.g. Healthwatch, the Patients' Forum or health charities e.g. Macmillan, Mind, Sickle Cell Society, despite these bodies being core participants in the development of successful urgent and emergency care services.

The focus was entirely on other NHS statutory providers and commissioners. Other issues of concern were:

- The LAS intend to substantially decrease conveyances to hospital, whilst many of their vehicles are queuing outside A&Es, because of bed shortages and discharge delays, and when demand on the LAS is continuing to rise exponentially.
- It was not clear if Pioneer Services are all funded.
- We were unable to ascertain whether STPs across London are signed up to Strategy.
- We could find no evidence of KPIs regarding conveyancing/non-conveyancing targets.

APPENDIX THREE



Ministry
of Justice

Robert Buckland QC MP
Minister of State for Justice

Malcolm Alexander
Chair
Patients' Forum for the London Ambulance Service
30c, Portland Rise
London N4 2PP

MoJ ref: ADR068335

17th May 2019

Dear Mr. Alexander,

LONDON AMBULANCE SERVICE – PRISON ESTABLISHMENT CALL-OUTS

Thank you for your letters of 19 March and 16 April to Rory Stewart MP about collaboration between the prison and ambulance services, and the safeguarding of detained persons. I am sorry you have not received an earlier reply.

You raise concerns about safeguarding of vulnerable detainees in adult custodial establishments. Her Majesty's Prison & Probation Service (HMPPS) recognises that the level of protection offered to prisoners should be equivalent to that provided in the community. Given the very different circumstances, it is necessary to have different arrangements for vulnerable adults in custody, to keep them safe and protect them from abuse and neglect. Prisons have a range of processes in place to ensure that this duty is met. Engagement is encouraged between prison governors and Safeguarding Adults Boards, and there is a range of independent bodies which scrutinise the effectiveness of safeguarding measures: HM Inspectorate of Prisons conducts regular inspections; the Prisons and Probation Ombudsman oversees the complaints process and undertakes investigations to satisfy herself that the internal complaints process has been conducted satisfactorily; and each local prison and removal centre has an Independent Monitoring Board which monitors day-to-day life in the establishment and ensures that proper standards of care and decency are maintained. In addition, prison health and social care services are regulated by the Care Quality Commission.

You are also concerned about waiting times for ambulances to gain access to prisons. It is clearly important that when a prisoner requires urgent medical attention, the ambulance crew is able to enter the establishment as quickly as possible. A national Memorandum of Understanding has been drawn up between HMPPS and the Association of Ambulance Chief Executives on access for emergency vehicles and their crews to prisons and young offender institutions. One of its three operational objectives is to facilitate immediate access and egress of emergency vehicles to establishments, wherever possible, without compromising security.

In response to your recent Freedom of Information request, it was explained that to obtain the information you were seeking about waiting times, it would be necessary to cross-reference records from the control room and the gate room, together with prisoner escort records, at each of the prisons. This would be a labour-intensive process and the cost of undertaking it would considerably exceed the maximum amount specified in the Freedom of Information Act. While we cannot provide you with these figures, HMPPS would be able to investigate any specific incidents about which you have concerns.

T 020 3334 3555
F 020 761 7753

E https://contact-moj.ded.in/
www.gov.uk/moj

102 Petty France
London SW1H 9AJ
GWH:SAJ
SW1H 9AJ

You may also find it helpful to meet with HMPPS officials to discuss these issues and the best way forward. If you would like a meeting to be arranged, please contact Christopher Barnett-Page in the Safer Custody Team (christopher.barnett-page@noms.qsi.gov.uk; telephone: 07966 114779).

*Yours sincerely,
Robert Buckland*

ROBERT BUCKLAND QC MP

PS. You rightly raise a serious issue; I am keen for you to meet officials so that progress can be made.

APPENDIX FOUR ... THE FORUM'S MISSION STATEMENT

The Charity aims to influence the development of better emergency and urgent health care and improvements to patient transport services, by speaking up for patients and by promoting and encouraging excellence.

WE SHALL:

- (1) Optimise working arrangements with the London Ambulance Service and other providers and commissioners of urgent and emergency care.
- (2) Work with other service user networks that champion the needs of patients.
- (3) Further develop campaigns for better and more effective emergency and urgent care services, and more effective and consistent approaches to service provision that reduce deaths and disability.
- (4) Work towards better systems for all patients and carers to communicate their clinical conditions effectively to LAS clinical staff and receive effective and timely responses.
- (5) Promote the development of compulsory patient focused quality standards for Patient Transport Services.
- (6) Promote research to assess the clinical outcomes for the 25% of Category A (emergency) patients that do not get an ambulance response within eight minutes.
- (7) Work with partners to develop better solutions for the care, transport and disposition of people with severe mental health problems and their carers, that respect their wishes and meet their needs. The Forum promotes sensitivity to their vulnerability, safety, culture and the gravity of their situation.
- (8) Campaign to convince the Commissioners for the LAS and the LAS Board to develop better assessment, clinical effectiveness and care for people who suffer from cognitive impairment and dementia.
- (9) Work with the LAS to develop effective systems and protocols, that ensure the wishes of patients with Advance Directives and Care Plans are respected, and that their care is provided completely in accordance with their prior decisions and wishes.

- (10) Work with LAS equality, diversity and inclusion leads to promote effective training of all LAS front-line staff in provision of care for London's diverse communities, in relation to all protected categories identified by Equality Act 2010

- (11) Work with the LAS Equality and Inclusion Committee to develop a workforce that reflects the diversity of communities across London, and provides care based on culturally and ethnically-based needs, when this is appropriate – for example, in relation to Sickle Cell disorders and mental health care.

APPENDIX FIVE ... THE PATIENTS' FORUM LEAFLET

HOW IT WORKS

We hold monthly meetings that are open to Forum Members and to the public. These are usually held in the LAS Conference Room at 220 Waterloo Road, SE1 8SD, a few minutes from Waterloo Station. **YOU ARE WELCOME TO ATTEND.**

We invite service users and other influential speakers to discuss a wide range of issues connected to urgent and emergency care. They address the Forum and deal with questions and recommendations for service improvements. Each month we also meet with the Commissioner for the LAS who represents all London Clinical Commissioning Groups (CCGs) to discuss ideas for service development.

We promote equality, inclusion and diversity in the LAS.

PATIENT EXPERIENCES DEPARTMENT

Tel: 0203 069 0240
ped@londonambulance.nhs.uk

CARE QUALITY COMMISSION

Tel: 0300 61 61 61
enquiries@cqc.org.uk

NHS ENGLAND

Tel: 0300 311 22 33

HEALTHWATCH ENGLAND

Tel: 03000 683 000

WHAT IS THE FORUM?

The Forum is an independent watchdog monitoring the London Ambulance Service (LAS). We advocate for patients by keeping a watch on emergency and urgent care in London, and we campaign for more effective services.

Patients, carers, community organisations and Healthwatch, can join the Forum and contribute to our work to achieve safer and more effective services.

Our Executive Committee regularly meets with senior LAS staff and the LAS Commissioners, to raise issues and to make proposals for better and more effective care.

We meet with health groups, e.g. mental health and sickle cell, to ensure that their experiences influence LAS services.

Most LAS services are excellent - our role is to promote public involvement and ensure that all patients receive care of the highest quality.

JOIN THE PATIENTS' FORUM
Receive monthly invitations to Forum meetings, and information about developments in urgent and emergency care.

Email or telephone your details to:
patientsforumlas@aol.com
0208 809 6551 or 07817 505193
www.patientsforumlas.net

**JOIN the
PATIENTS' FORUM
for the
LONDON
AMBULANCE
SERVICE**



**Tell us about your
experience of
Emergency and
Urgent Care**

OUR ACHIEVEMENTS ...

The Forum has worked with the LAS and the Commissioners to improve care and practice in many areas, including:

- Prioritising training, care and treatment for patients with a mental health crisis and dementia care.
- Improving end-of-life care and transport for people who are terminally ill.
- Promoting the development of 'falls teams' for people who have fallen, but do not need hospital care.
- Developing joint work between the LAS and local services, to improve access to local care services.
- Encouraging a greater focus on the outcome of complaints and serious incident reports, as a means of improving services.
- Supporting and implementing Duty of Candour when optimal care has not been provided.
- Promoting equality, inclusion and diversity in the LAS.

FORUM'S EXECUTIVE COMMITTEE 2015/2016

Malcolm Alexander - Chair
Sister Josephine Udle - Vice Chair
Angela Cross-Durrant - Vice Chair
Lynn Strother
Kathy West
John Larkin - Company Secretary
Joseph Healy - President of the Forum

THE FORUM'S PRIORITIES FOR THE LAS

Emergency Care within 8 Minutes - Targets for emergency care are not being met for some patients. The LAS must be given sufficient resources to provide emergency care within 8 minutes - immediate care saves lives and substantially reduces disability.

Urgent, but not an Emergency (Category C) - LAS responses to Cat C calls are often poor. Patients who are very ill, but not life-threatening, sometimes wait hours for treatment, instead of 20 minutes. The LAS must have resources to meet Cat C targets (20 minutes for 90% of calls).

Home Care - Not Hospital Care - The LAS should develop agreements with local health and social care services in EVERY London Borough, so that immediate, effective and safe support and care is provided to patients who are frail and vulnerable, but need home care and not hospital care.

Dementia Care - Training in Dementia Care must continue to improve and to become more comprehensive - e.g. with pain control. We have recommended the film 'Barbara's Story about Dementia Care' is seen by every member of the LAS staff.

- See Barbara's Story on YouTube at http://www.youtube.com/watch?v=DIA2sMAJU_Y

FAST Test for Strokes - Refresher training is needed by all front-line staff to ensure that they are fully competent to identify strokes using the FAST test, and to rapidly transport patients to Stroke Units.

FAST FACE - ARMS - SPEECH - TIME to call 999

Mental Health Care - People with severe mental health problems who become ill on the street - or at home - and require emergency care, should be treated immediately by Paramedics and Nurses with specialist training in mental health care.

Ambulance Queueing Must be Stopped - Ambulance queueing outside A&E Departments is completely unacceptable and must be stopped. It results in very sick people waiting an hour or more for A&E care, and prevents Paramedics from treating other seriously ill patients.