

PATIENT'S FORUM UPDATE – JULY 2017

LONDON'S AMBULANCE QUEUING SCANDAL CONTINUES

AMBULANCE RESPONSE PROGRAMME ARRIVES

Thousands of hours are still being wasted by ambulances queuing outside London's A&E departments. The health of patients is being put at risk, because many are lying in ambulances waiting to get into A&E Departments instead of receiving treatment. Ambulance queuing substantially reduces the resources available to respond to patients waiting for emergency care and puts those patients' lives at risk. Despite persistent criticisms of London's ambulance queues over the past two years, the problem persists and is a sign of the failure of NHS England and London's CCG commissioners to adequately fund hospital services and to ensure there are sufficient beds and staff to meet patients' needs. Local authorities must also share the blame for failing to ensure that patients can be safely discharged from hospital to home.

The Forum has had considerable concerns about prolonged ambulance queues outside many of London's A&Es for some time. The situation deteriorated towards the end of 2016 and despite some improvement and a great deal of focus on ambulance queuing, the situation remains unacceptable. Instead of receiving immediate care and treatment once they arrive at hospital, many patients are lying in ambulances, sometimes for up to two hours, whilst many other vulnerable patients needing emergency care are forced to wait even longer for ambulances to be freed up. Fifteen minutes are allowed from arrival of the ambulance (wheel-stop) to clinical handover to A&E clinical staff. Wasted hours are calculated from the number of minutes over 15 minutes that ambulances queue outside A&Es.

In the week beginning June 26th 2017, Northwick Park Hospital recorded 103 hours of ambulance queuing, whilst King's College Hospital recorded 86 hours and the Royal Free Hospital 80 hours.

HOSPITALS WITH THE WORST QUEUES

JULY 3-9th 2017, patients suffered the longest waits at:

- King's College Hospital – 102hrs wasted
- Northwick Park – 77hrs
- Royal Free – 73hrs
- UCL – 61hrs

WASTED HOURS SPENT QUEUING ACROSS LONDON IN 2017 INCLUDED

2017	Time spent by ambulance queuing outside A&E
Jan 2-8	2197 hours
Jan 9-15	1491 hours
Feb 13-19	933 hours
Mar 13-19	1138 hours
April 17-23	990 hours
May 1-7	1016 hours
June 12-18	828 hours
July 3-9	961 hours

WAITS FOR ADMISSION BY **INDIVIDUAL** PATIENTS TO A&E

There were 818 one hour plus breaches in June 2017 – patients waiting over an hour for transfer from ambulance to A&E. These included:

2017	PATIENT WAITED	HOSPITAL
May 1	2 hrs, 9 minutes	Whipps Cross
May 2	2hrs, 20 minutes	Northwick Park
May 11	2hrs, 14 mins	Northwick Park
May 16	2hrs, 12 mins	Goodmayes - Psychiatric
May 23	1 hour, 57 mins	Princess Royal
June 1	1 hour	Hammersmith Hospital
June 2	1 hour	Homerton University Hospital
June 4	1 hour, 55 mins	Ealing Hospital
June 10	1 hour	Springfield Psychiatric Hospital
June 10	1 hour, 10 mins	St Thomas's Catheter Lab (Heart attack centre)
June 18	2 hrs, 13 mins	Royal London Hospital
June 26	2 hrs	King's College Hospital
June 27	1 hour, 23mins	University College Hospital
June 29	1 hour, 32min	Newham General Hospital
June 29	2 hrs, 10 mins	Barts Hospital Catheter Lab (Heart attack centre)
June 29	1 hr	Charing Cross Hospital

Heart Attack Centers used to perform lifesaving angioplasty for patients suffering cardiac arrest and other serious heart conditions. The overall survival rate for patients taken to any Heart Attack Centre in London was 63.3%

WE HAVE RAISED THIS APPALLING SITUATION WITH:

The Patients' Forum has raised this issue with the Mayor of London, the Medical Director for the NHS in London and Professor Keith Willett, Director for Acute Care to NHS England, NHS Improvement and Pauline Cranmer, Assistant Director for the NHS - NW London. We have consistently complained about the totally inappropriate and potentially harmful state of emergency services caused by ambulance queuing - but little has changed.

DOWNGRADING CATEGORY C TARGET – LONGER WAITS FOR PATIENTS

Cat C1 and C2 responses provide urgent care and treatment for sick and vulnerable patients e.g. those who are in serious pain including a sickle cell crisis, patients who have fallen or had accidents at home or on the road, and people with mental health problems who may be considering taking an overdose. Some patients needing urgent treatment are waiting hours for treatment.

The arrival target for C1 responses was 20 minutes (90%) and for C2 - 30 minutes (90%). When performance against the 90% target dropped to 63% in 2016, the target was changed. Consequently, by September 2016 a new target was created for C1 responses to patients - response within 45 minutes, but only for 50% of calls, and for C2 responses to arrive within 60 minutes but again only for 50% of calls. These targets are now being achieved for 83% of C calls. **Better responses to the targets, but worse care for patients.**

The target change in September 2016 took place without any public consultation or explanation. We have failed to get any explanation from the LAS, but Dr Kuldhir Johal for the commissioners has replied: “LAS commissioners have never manipulated performance targets and indeed over the last three years commissioners across London have invested almost £80 million in the LAS for performance and quality improvement.”

2016	TARGETS	COMMENT	NEW TARGETS
Category	National Commissioners Targets - NHSE		
Cat A1	75% reached with 8 minutes 25% within 19 minutes	We have never been able to find what happened to patients that were not reached within 19 minutes	
Cat A2	75% reached with 8 minutes 25% within 19 minutes	We have never been able to find what happened to patients that were not reached within 19 minutes	
	LONDON Commissioners Targets - up to August 2016 NHSE/London		LONDON Commissioners Targets from September 2016
Cat C1	90% reached within 20 mins		50% reached within 45 minutes
Cat C2	90% reached within 30 mins		50% reached within 60 minutes

NEW NATIONAL TARGETS for AMBULANCE SERVICES? – Ambulance Response Programme

Current LONDON AMBULANCE SERVICE achievements against national targets are shown below. The Forum has never understood why only 75% of life threatened patients need an 8 minute response (an issue raised by Prof Keogh), or why the LAS is not funded adequately to achieve the A8 and A19 national performance targets, or the pre 2017 Commissioners Cat C targets (about 50% of all urgent/emergency calls).

	NATIONAL TARGET	ACTUAL LAS PERF JULY 2017	VARIANCE FROM NATIONAL TARGET	ACTUAL 2016/7	IMPROVEMENT SINCE 2016/7
PERFORMANCE A8	75%	63%	12%	61.1%	0.9%
PERFORMANCE A19	95%	92.7%	2.3%	92.2%	0.5%

Sir Bruce Keogh wrote to Jeremy Hunt, Secretary of State (SoS) for Health, on July 13th asking the SoS to support the Ambulance Response Programme (ARP), but failed to articulate a case for the revised targets, except in relation to reducing response time for Cat A1 to 7 minutes instead of 8 minutes, and extending the time for stroke patient from 8 to 17 minutes, to ensure that a vehicle is provided to transport the patient to a stroke centre. The current stroke target is to get a patient to a HASU within 60 minutes of stroke symptoms appearing in 65% of cases (HASU is a Hyperacute Stroke Unit). There is no clarity in the Keogh letter about what will happen to the patients designated at C1 and C2, many of whom are seriously ill and at risk of harm. The new target for Cat 3 is 120 minutes and for Cat 4 , 180 minutes.

In his letter to Jeremy Hunt, Professor Keogh claims that Cat C calls are non-urgent and have no national response target. But Cat C calls are urgent and there are local targets as explained above. Prof Keogh emphasizes the importance of getting the right resource to the patient, e.g. an ambulance for a stroke patient should take them to a HASC (hyper-acute stroke centre) within 18 minutes. Prof Keogh also identifies the problem of the current targets based system, in which the clock stops when a vehicle/responder gets to the patient, rather than when the patient has received the most appropriate response, e.g. a paramedic who can give morphine to a patient in serious pain or a vehicle capable of transporting the patient the right hospital.

Prof Keogh says nothing in his letter (13/7/17) to Jeremy Hunt about the disgraceful ambulance queues caused by underfunding of hospital care, but does criticise multiple vehicles dispatched to the same patient and ambulances being stood down (because they are going to a higher priority patient or because further questioning reveals they aren't required due to the nature of the call). At least these ambulances are heading towards sick patients rather than forming a long line outside A&E.

The new targets which are expected to be operational by winter 2017 are vague, even though they have apparently been tested on over 14 million patients (with no incidents!!!). They include:

- a) More time for assessment of patients by the Emergency Operations Centre
- b) All ambulance responses to be covered by national targets (Cat A and Cat C)
- c) The clock will stop when the patient has received the right clinical resource
- d) 30 second faster responses to Cat A cardiac arrest calls (saving 250 more lives each year)

THE NEW ARP TARGETS (?)

CATEGORY	PERCENTAGE CALLS IN THIS CATEGORY	NATIONAL STANDARD	HOW LONG DOES AS HAVE TO MAKE A DECISION?	WHAT STOPS THE CLOCK
CATEGORY 1	8%	7 MINUTES MEAN RESPONSE TIME 15 MINUTES 90 TH CENTILE RESPONSE TIME	THE EARLIEST OF -PROBLEM BEING IDENTIFIED -AMBULANCE DESPATCHED -30 SECONDS FROM CALL CONNECT	The first ambulance service dispatched emergency responder arriving at the scene of the incident (There is an additional <u>Category 1 transport standard to ensure that these patients also receive early ambulance transportation</u>)
CATEGORY 2	48%	18 MINUTES MEAN RESPONSE TIME 40 MINUTES 90 TH CENTILE RESPONSE TIME	THE EARLIEST OF -PROBLEM BEING IDENTIFIED -AMBULANCE DESPATCHED -240 SECONDS FROM CALL CONNECT	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service-dispatched emergency responder arriving at the scene of the incident stops the clock.
CATEGORY 3	34%	120 MINUTES 90 TH CENTILE RESPONSE TIME	THE EARLIEST OF -PROBLEM BEING IDENTIFIED -AMBULANCE DESPATCHED -240 SECONDS FROM CALL CONNECT	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service dispatched emergency responder arriving at the scene of the incident stops the clock.
CATEGORY 4	10%	<u>FOR CATEGORY 4T ONLY</u> 180 MINUTES 90 TH CENTILE RESPONSE TIME	<u>FOR CATEGORY 4T ONLY</u> THE EARLIEST OF -PROBLEM BEING IDENTIFIED -AMBULANCE DESPATCHED -240 SECONDS FROM CALL CONNECT	<u>FOR CATEGORY4T ONLY</u> If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.

OUR RECOMMENDATION TO NHS ENGLAND

NHS England must ensure that all ambulance queues are stopped completely during 2017. Resources must be provided to ensure there are adequate numbers of beds and staff to care for patients who require admission to hospital. Discharge arrangements must be radically improved to ensure that no patient is put at risk by delayed discharges.

THE FORUM WILL:

Plan a campaign and action plan to eradicate ambulance queuing in 2017. This should include: close monitoring of ambulance waits; formal letters to Boards of relevant acute Trusts; publication of ambulance queuing figures; briefings to London Councillors and members of the London Assembly; briefing for the Mayor and Dr Sahota, Chair of the London Assembly Health Committee.

WORST AMBULANCE QUEUES AT LONDON'S A&Es – WASTED HOURS - 2016

MONTH 2016	DATE	TOTAL HOURS WASTED	A&E - 1	A&E - 2	A&E - 3	Northwick Park
February	15-21	1086 hrs	Queen Eliz 127	North Middx 103	Princes Royal 102	Northwick Park 53
March	14-20	1265 hrs	Northwick 121	North Middx 113	Queen Eliz 107	Northwick Park 121
April	4-10	1035 hrs	Barnet 120	North Middx 96	Princess Roy 81	Northwick Park 73
May	9-15	1157 hrs	Northw Park 102	Princess Royal 93	North Middx 86	Northwick Park 102
June	6-12	1085 hrs	North Middx 113	Queen Eliz 109	Barnet 109	Northwick Park 34
July	18-24	949 hrs	Northwick 99	Princess Royal 89	Hillingdon 63	Northwick Park 99
August-Sept	29 - 4/9	795 hrs	North Middx 71	Royal Free 70	King's 69	Northwick Park 40
September	19-25	817 hrs	Princ Royal 81	UCH 63	Royal Free 62	Northwick Park 45
Sept-October	26 – 2/10	909 hrs	Princ Roy 107	UCH 77	Royal Free 74	Northwick Park 37
October	10-16	1178 hrs	Princ Royal 118	Barnet 98	UCH 80	Northwick Park 50
October	24-30	1050 hrs	Barnet 120	Royal Free 98	Princess Roy 94	Northwick Park 51
November	14-20	1381 hrs	Barnet 178	Northwick Park 142	Royal Free 104	Northwick Park 142
December	5-12	1727 hrs	Northw Park 279	Queen Eliz 141	Princess Roy 134	Northwick Park 279

Handover Waits 2016 – Data from Brent CCG – LAS Commissioners