

# Quality Accounts 2011-12 statement

## Patients' Forum Ambulance Services (London)

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### Forum Officers

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Company Secretary: John Larkin

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#### 1) Public Involvement

a) The LAS has a strong commitment to public involvement and the Forum plays an active part in the following LAS committees: Patient and Public Involvement, Equality and Diversity, Mental Health, Clinical Quality, Safety and Effectiveness Committee, Infection Prevention & Control Committee Meeting, Clinical Audit and Research Committee, and the Learning from Experience Committee.

b) Questions put the LAS by the Forum are usually responded to quickly and fully.

c) The LAS supports the Forum by providing, information, meeting rooms, refreshments, photocopying and presentations to meetings.

d) The Forum has been unable to obtain a response to the issues it submitted to the LAS for the 2011-2012.

e) Evidence of patient experience having real influence on policy and practise in the LAS is weak.

Recommendation: The LAS should develop a greater focus on collecting detailed qualitative data from service users especially where they have criticised or complemented the service. They should develop methodologies to demonstrate how qualitative data collected from patient groups, individual patients and the public has

influenced LAS services. Evidenced based public involvement work in which public influence on the LAS can be demonstrated should be a priority.

## **2) Corporate Objectives CO2 and CO5 – Equality and Diversity**

CO2. To improve the experience and provide more appropriate care for patients with less serious illness and injuries

CO5. To develop staff so they have the skills and confidence they need to deliver high quality care to a diverse population

a) The Forum was pleased with the decision of the LAS to hold a meeting for the public on the Equality Delivery System (EDS) and felt this was an important way of including the public in the developing EDS.

b) We have concerns about the care of patients with sickle cell disease. We have met with the Sickle Cell Society which is committed to working with the LAS and the Forum to improve the care of people in a sickle cell crisis. We do not believe that the LAS gives sufficient priority to the health needs of black and ethnic minority communities and strongly recommend that a focus on the care of people with sickle cell disease. This would enable the LAS to demonstrate how they are prioritising the needs of protected groups.

c) The priority given to diabetic care by the LAS could be expanded to ensure that front line staff are trained to appreciate that some ethnic groups have higher levels of diabetes.

d) The LAS has been unable to attract significant numbers of staff from black and ethnic minority communities, despite this matter having been raised by the Forum continuously since 2003. We understand that 94% of front line clinical staff are white. We recommend the LAS seeks expert advice to address this problem and initiate a programme of work to transform the ethnic composition of staff and Board members.

## **3) Quality Domain 5: Clinical Outcomes**

a) The Forum welcomes progress made by the LAS in examining clinical outcomes of LAS interventions for patients with cardiac arrest, STEMI and stroke.

b) We would like to see this approach to quality developed by mainstreaming a system that enables frontline LAS clinical staff to review the outcomes of clinical care they have provided to acutely ill patients who are admitted through A&E. This could be done on a cohort basis, or through the selection of patients that LAS clinical staff have particular concerns about. The development of joint clinical meetings between LAS frontline staff and A&E staff would be an important step in meeting this important quality objective and supporting reflective practice and annual appraisal for paramedics, technicians and medical staff.

#### **4) Mental Health and Dementia Care**

a) The Forum is very pleased with the progress made by the LAS with the development of their mental health strategy, the prioritisation of this work over the past year and the employment of a mental health specialist.

b) The Forum would like to see this work developed through targeted qualitative research with patients who have been taken by the LAS to A&E departments and Places of Safety, with a diagnosis of a severe mental illness, e.g. sectioned under s4, s135 or s136 of the Mental Health Act.

c) The Forum would like to see prioritisation of rapid admission to appropriate mental health services – waits of several hours to handover patients to appropriate mental health practitioners are appalling. Urgent negotiations are needed with commissioners and the acute and mental health sector in London to resolve this problem.

d) Progress with providing appropriate care for people with dementia should be a priority. The Forum has recently met with Alzheimer's UK, who would like to work the LAS to ensure that people with Alzheimer's disease receive appropriate assessments, referral to memory clinics and mitigation of long waits in A&E.

#### **5) Bariatric Care**

a) The QA identifies appropriate care for heavy patients as a cause of concern. The Forum is concerned about the distress caused to these patients and their families, when staff do not have the right equipment, and training to provide appropriate care and support.

b) We recommend the LAS ensures staff have access to appropriate equipment and vehicles 24/7, and fully trained staff are available to ensure heavy patients do not suffer delay in their care or treatment.

#### **6) Learning from Serious Incidents and Complaints Patients Safety and Patients Complaints**

a) We compliment the LAS on significant progress made through the Learning from Experience Committee.

b) We recommend the LAS formally adopts the Health Service Commissioner's statement 'Driving improvement and learning from NHS complaints information', which provides a bridge for learning from incidents, accidents and complaints.

c) We would like to see details of all recommendations made following complaints investigations placed in the public arena with evidence of enduring improvement to LAS services.

## 7.0 Being Open

- a) We would like to initiate a joint project with the LAS to gather evidence that people are informed when something has gone wrong with the treatment or care provided to them by the LAS.

“Open and **honest** communication with patients is at the heart of health care. Research has shown that being open when things go wrong can help patients and staff to cope better with the after effects of a patient safety incident. Healthcare staff may be fearful of upsetting the patient, saying the wrong or admitting liability. This guidance and the associated actions outlined in the Alert, provide reassurance that *Being open* is the right thing to do, and encourage NHS boards to make a public commitment to openness, honesty and transparency”.  
National Patients Safety Agency (NPSA) 2009