PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

Steve Lennox
Director of Health Promotion & Quality
London Ambulance Service
220 Waterloo Road, SE1 8SD

June 20th 2014

Dear Steve,

QUALITY ACCOUNT FOR 2013-2014

Thank you so much for inviting the Forum to contribute to your Quality Account for this year. We present below our contribution to the LAS's Quality Improvement Priorities for the Quality Account.

1) **OUR RELATIONSHIP WITH THE LONDON AMBULANCE SERVICE**
The Patients' Forum values continuous engagement with the LAS in relation to discussions about all aspects of LAS performance and clinical care. This engagement takes places at the seven internal LAS committees on which the Forum is represented: Patient and Public Involvement, CQSEC, Learning from Experience, Equality and Inclusion, Mental Health, Infection Prevention and Community Responder. We also actively engage with the Trust Board at their meetings and at meetings with leaders of the LAS. The Forum also values the contributions by the Chair, Chief Executive, Directors, the Head of Patient & Public Involvement and Public Education and other LAS leaders to our monthly Forum meetings held in the LAS Conference Room. Close regular contact with the commissioners for the LAS also enables the Forum to exercise influence in relation to the quality and performance of LAS services.

2) **QUALITY ACCOUNT FOR 2012-2013 - REFLECTIONS FROM BERWICK**
We have received no formal feedback to the Quality Account Statement we submitted for the previous period.

3) **PROTECTING PATIENTS FROM AVOIDABLE HARM – THE HIGHEST PRIORITY**
We welcome the LAS's commitment to take all patient feedback very seriously, and their review of the management of the investigation of serious incidents. In keeping with the priorities highlighted by the Francis and Berwick Reports, providing the safest and most effective care for patients must be the highest priority for the LAS. Reporting, investigating and learning from patients safety incidents and complaints must be fundamental to ensuring patient are safe and evidence produced that learning on incidents and accidents is constantly taking place. Patients must always be told when they have been harmed due to clinical errors. The LAS should ensure that all ambulances carry equipment that is clean and sterile; shortfalls in infection control are always taken seriously and acted upon; required clinical equipment is always available, e.g. tympanic thermometers, when needed, is intact and up to date.

WE RECOMMEND that the LAS publishes in the public arena the outcome of all incidents, complaints and accidents investigated, where there are recommendations for service improvement; with evidence demonstrating enduring improvements to service quality and safety, and evidence of staff and organisational learning and implementation of recommendations.

4) **PRE-HOSPITAL DEMENTIA CARE WILL BE TRANSFORMED**

The Forum is pleased that the LAS has started to focus more specifically on the need of patients with cognitive impairment. The LAS should develop clear effective dementia pathways with the LAS commissioners (CCGs), acute hospitals and where possible community care professionals to ensure 'right care first time' for patients with dementia and cognitive impairment. LAS should continue the development of its Clinical Support Desk to ensure its capacity and expertise to advise clinical staff on meeting the needs of people with dementia, especially with regard to assessing cognitive impairment and pain.

WE RECOMMEND the LAS should produce evidence to demonstrate that front line staff have continuous education and training in this area. This should include access to Health Education England training resources. See also section on mental health (4) below. Access to appropriate care pathways for patient with cognitive impairment must become fundamental to providing right care, first time.

5. PATIENTS WHO FALL SHOULD ALWAYS RECEIVE INTEGRATED CARE

The Forum welcomes to decision of the LAS to upgrade calls from patients who have fallen, and their participation in research into the need of these patients (SAFER 2). When patients fall and do not require access to hospital acute care, paramedics should have direct access to local Falls Teams, in order to ensure expert clinical advice and care for these patients and avoid inappropriate transfers to A&E. We welcome the CQUIN for an Enhanced Falls Service for 2014/5

WE RECOMMEND that the LAS ensures care for people who have fallen is provided within appropriate time-scales, and includes agreed care pathways and integrated care plans, with clear governance mechanisms to ensure care plans are fully implemented, enable appropriate access to services and demonstrate clear outcomes for the patient.

6. CARE FOR PEOPLE IN A MENTAL HEALTH CRISIS MUST BE TRANSFORMED

We commend the LAS for the considerable progress that has been made in the prioritization of care for people with mental health problems. However, we are concerned that E-learning approaches have been adopted as the main vehicle for training of staff. We are very pleased that work is developing with mental health Trusts to create effective mental health pathways which should

help to divert patients away from A&E departments, to more appropriate community care – however, this approach needs to gather pace and speed to ensure implementation in the short term. We are very pleased that the Chief Executive is providing leadership by chairing the LAS Mental Health Committee to ensure implementation of this improvement priority.

WE RECOMMEND that the LAS develops a specialist front-line team of paramedics and nurses who are expert in the care of patients with a mental health diagnosis. All paramedics and A&E support workers should be continuously and dynamically trained in the care of people with mental health problems, bearing in mind the special needs of people with learning difficulties and the need focus on cultural, language and age related issues. A significant proportion of this training should be live rather than via e-learning, as interpersonal skills and attitudes appropriate to this group of patients need to be practiced, evaluated and demonstrated.

7. EXCELLENT END OF LIFE CARE MUST ALWAYS BE PROVIDED

The LAS should continue to develop its excellent work with Advance Care Plans (ACP), End of Life Care (EoLC) and CoOrdinate My Care (CmC). Protocols should be developed between the LAS and London's CCGs and GPs to ensure that CoOrdinate My Care (CmC) is fully developed to meet the needs of people who have an Advance Care Plan. We welcome the CQUIN for End of Life Care for 2014/5.

We RECOMMEND that the LAS enables far greater number of people to access appropriate care through CoOrdinate My Care (CmC). The LAS should publish examples of good practice in 'end of life care' for front line staff, together with evidence of outcomes showing the effectiveness of appropriate and compassionate care for these patients.

8. DELAYS IN PROVIDING URGENT AND EMERGENCY CARE ARE NOT ACCEPTABLE

We congratulate the LAS on the achievement of its Category A targets. Vulnerable patients who have requested emergency care must never be left waiting for LAS care.

Patients requiring a slightly lower level of care, who are vulnerable, who are in pain, who have fallen, or taken an overdose, should not have to make repeated calls to the LAS to get help. Such delays suggest a significant breakdown in care provision and are the cause of many complaints to the LAS. This particularly concerns patients categorised as needing care classified as C1 and C2. We understand the limitations caused by a shortage of staff and resources.

WE RECOMMEND that urgent action is taken to promote recruitment to the LAS front line from schools, universities, job centres and religious/cultural centres in London. The work-force must be enlarged to ensure that the Category C targets which follow are always met:

Category C1 – 90% within 20 minutes, 99% in 45 minutes (from Clock Start) Category C2 – 90% within 30 minutes, 99% in 60 minutes (from Clock Start)

Achievement of targets in 2013/4 were as follows:
Category C1 – reached in 20 minutes – 72.88% (target 90%)
Category C2 – reached in 30 minutes – 66.88% (target 90%)

9. STAFF SHIFT PATTERNS SHOULD BE FULLY EVALUATED

There is considerable national and international research pointing to the deleterious effects of shift work, including shift work patterns on both short and long term physical and mental health. Some staff members are not suited to shift work and able to remain healthy as well, but are excellent front line clinicians.

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

10. APPROPRIATE CARE PATHWAYS SHOULD BECOME FULLY OPERATIONAL

It is critical for the LAS to work with partners across health and social care to integrate services so that patients get better, more appropriate care and experience better clinical outcomes. 'Right Care First Time' should become the norm.

WE RECOMMEND that care pathways are developed by the LAS in conjunction with CCGs, acute trusts and providers of community care that are robust enough to give confidence to LAS crews, patients and carers that these pathways are available when required, clinically appropriate, fully-funded, subject to regular clinical audit and tests of reliable and continuous access, i.e. effective governance.

11. LAS SHOULD ACTIVELY SEEK TO BE INFLUENCED BY PATIENTS AND THE PUBLIC IN ALL THAT IT DOES

We welcome the decision of the LAS to involve patients and stakeholders in the development of their strategy and a new culture of "no decision about us, without us". The recent meeting on the PPI strategy was exemplary. The LAS should secure public involvement in the planning, development and consideration of all significant proposals for changes and decisions affecting the operation of the LAS.

WE RECOMMEND:

- **Engagement with FT members, the Patients' Forum, patient groups, the voluntary sector and Healthwatch to ensure patient involvement in all aspects of the LAS's work.**
- **Holding wider public engagement around prioritisation and service re-design.**
- **Promoting the public education role of the LAS.**
- **Developing a wide range of methods to seek public views on LAS services and providing feedback.**
- **Acknowledging the value that the LAS places on the knowledge, insight and understanding of the contribution of patients and carers.**
- **Trust Board members should enhance their public accountability by listening more to and meeting the public and acting on what they say.**

12. EQUALITY AND DIVERSITY

Excellent work has so far been done in relation to LGBT colleagues and the employment of women. Reflecting on the LAS workforce and comparing its diversity to the current diversity of London and its future growth demonstrates a substantial need for development. We have argued this point for several years but have seen little change in the diversity of the LAS workforce and no change in the ethnic and cultural diversity of the LAS Board. We would not be satisfied to be told this matter will be dealt with in the post 2020 period bearing in mind that the difficulties experienced by the LAS to recruit locally, despite the very fulfilling professional opportunities for front line staff, and the need to recruit from Denmark and New Zealand.

WE RECOMMEND that the LAS embed diversity into all aspects of public education, recruitment and training and ensure full inclusion and sensitivity toward patients and staff with any protected characteristics, not solely LGBT. Changes must be made at all levels in the LAS, including the Board, to embed these duties.

Yours sincerely

Malcolm Alexander
Chair
Patients' Forum for the LAS