

THE PATIENTS' VOICE IN THE LONDON AMBULANCE SERVICE

# PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

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## ANNUAL REPORT 2019-2020

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### Patients' Forum Ambulance Services (London)



[WWW.PATIENTSFORUMLAS.NET](http://WWW.PATIENTSFORUMLAS.NET)

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PATIENTS' FORUM FOR THE LONDON AMBULANCE SERVICE  
COPRODUCTION - COLLABORATION - COOPERATION

Patients' Forum Ambulance Services (London) Limited  
Registered in England. Company Limited by Guarantee. Company Number: 6013086.  
Registered office: 6 Garden Court, Holden Road, Woodside Park, LONDON, N12 7DG

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**FRONT COVER: Vic Hamilton & Sean Hamilton –Special Advisers on Epilepsy Care  
CALM – CUSHION – CALL – A REFERENCE TO THE EPILEPSY SOCIETY CAMPAIGN  
Acknowledgement: Photo courtesy of Alex Sturrock**

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## PATIENTS' FORUM DIRECTORS/TRUSTEES

Position	Name and Contact Details	Healthwatch
Company Secretary and Legal Adviser Director/Trustee	John Larkin Registered Office: 6 Garden Court, Holden Road, Woodside Park, N12 7DG Tel: 0208 445 7238	
Chair Director/Trustee	Malcolm Alexander patientsforumlas@aol.com Tel: 0208 809 6551/ 07817505193	Chair Hackney Healthwatch
Vice Chair Director/Trustee	Sister Josephine Udie sisterjossi@hotmail.com Tel: 07989402587	Lewisham Healthwatch
Director/Trustee	Louisa Roberts Tel: 0208 986 8972	

			
MALCOLM ALEXANDER, CHAIR, TRUSTEE, DIRECTOR	JOHN LARKIN, COMPANY SECRETARY, TRUSTEE, DIRECTOR	SIS JOSEPHINE UDIE, VICE CHAIR, TRUSTEE, DIRECTOR	LOUISA ROBERTS, TRUSTEE, DIRECTOR

### **Directors/Trustees:**








The four Directors/Trustees who have remained in office for the whole of the period since the 2006 launch of the Company, including the year ended 31 December 2019 and subsequently, are Malcolm Alexander, John Larkin, Rev. Sister Josephine Udie and Louisa Roberts.

The Executive Sub-Committee was discontinued with effect from January 2020.

## SPECIAL ADVISORS TO THE PATIENTS' FORUM

SPECIAL ADVISOR	SPECIALITY	SOURCE OF INFORMATION
ALEXIS SMITH	MENTAL HEALTH	<a href="https://tinyurl.com/yxwfmsrc">https://tinyurl.com/yxwfmsrc</a>
COURTNEY GRANT	STROKE AND HUMAN FACTORS	<a href="https://tinyurl.com/yx9uagfo">https://tinyurl.com/yx9uagfo</a>
ANTHONY JOHN	SICKLE CELL DISORDERS	TO FOLLOW
JOSEPH HEALY	LGBTQ-EMERGENCY CARE	<a href="https://tinyurl.com/yym86gd6">https://tinyurl.com/yym86gd6</a>
ARCHIE DRAKE	HEALTH INEQUALITIES	<a href="https://tinyurl.com/y2ubah4u">https://tinyurl.com/y2ubah4u</a>
SEAN HAMILTON	EPILEPSY	<a href="https://tinyurl.com/y27chx2x">https://tinyurl.com/y27chx2x</a>
VIC HAMILTON	EPILEPSY & CARER	<a href="https://tinyurl.com/y27chx2x">https://tinyurl.com/y27chx2x</a>
MIKE ROBERTS	LOCAL GOVERNMENT	

## SPECIAL ADVISERS TO THE PATIENTS' FORUM

			
ALEXIS SMITH, MENTAL HEALTH	COURTNEY GRANT, STROKE & HUMAN FACTORS	JOSEPH HEALY, LGBTQ - CARE IN EMERGENCIES	ARCHIE DRAKE, HEALTH INEQUALITIES
			
SEAN HAMILTON, EPILEPSY	VIC HAMILTON, EPILEPSY/CARER	ANTHONY JOHN SICKLE CELL LEAD	MIKE ROBERTS LOCAL GOVERNMENT

## FORMER FORUM OFFICERS 2019

President	Dr Joseph Healy	
Vice Chair and Director	Angela Cross-Durrant	Kingston Healthwatch
Executive Committee	Audrey Lucas	Enfield Healthwatch
Executive Committee and Director	Lynn Strother	City of London Healthwatch
Executive Committee	Beulah East	Hillingdon Healthwatch
Executive Committee	Adrian Dodd	Waltham Forest Healthwatch
Executive Committee	Cllr Dora Dixon-Fyle	Southwark Council
Executive Committee	Rashid Ali Laher	Kingston Healthwatch

## VERY SPECIAL THANKS

- Big thankyou to Board members and Executive Committee Members who retired in 2019. You made a great contribution to the development of our outstanding Patients' Forum.
- To our 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 support for the work of the Forum.
- Polly Healy for maintaining our website and ensuring our publications are produced and copy-edited to the very highest standard.
- Margaret Luce and Amy Clarke for their continuous and enthusiastic support for the Forum's work, including the photocopying of our meeting papers, communicating with LAS members and inclusion in the excellent LAS PPI Committee (now sadly abolished by the LAS).

**OUR GRATITUDE TO THE FOLLOWING COLLEAGUES FOR SPEAKING AT OUR MEETINGS AND BEING SO SUPPORTIVE OF THE FORUM**

- ALEX EWINGS, PARAMEDIC, LAS
- ARCHIE DRAKE, RESEARCH ASSOCIATE, POLICY INSTITUTE, KINGS FUND
- BRIONY SLOPER, HEALTHY LONDON PARTNERSHIP
- CARLY LYNCH, MENTAL HEALTH LEAD, LAS
- JULES LOCKETT, EMERGENCY OPERATIONS CENTRE, LAS
- LEE HYETT-POWELL, PARAMEDIC, LAS
- MARGARET LUCE, HEAD OF PUBLIC INVOLVEMENT, LAS
- Dr ONKAR SAHOTA - CHAIR – LONDON ASSEMBLY HEALTH COMMITTEE
- ROSS FULLERTON, LAS DIRECTOR OF TECHNOLOGY DEVELOPMENT
- SANDRA ASH, KEEP OUR ST HELIER AND EPSOM HOSPITALS CAMPAIGN
- SISTER JOSEPHINE UDIE, VICE CHAIR OF THE PATIENTS' FORUM
- STUART CRICHTON, CHIEF CLINICAL INFORMATION OFFICER, LAS
- TRISHA BAIN, CHIEF QUALITY OFFICER, LAS

**Sister Josephine, Vice Chair and Vic Hamilton, Epilepsy (carer) Lead for the Forum**



An unexpected meeting as Sister Josephine was on her way to work at her local hospital

**Acknowledgement: Photo courtesy of Alex Sturrock**

## INTRODUCTION

The Patients' Forum is an unregistered charity, which promotes the provision of effective emergency and urgent care that meet the needs of people in London.

Our Annual Report outlines our aims and achievements in relation to our charitable objectives during 2019.

Central to our work is the place of patients, their relatives and carers at the front of our campaigning activities. The Forum monitors the LAS in relation to its effectiveness, safety and responsiveness to patients needing urgent and emergency care. We work with the LAS and commissioners to promote improvements in clinical 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.

It is 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.

The Forum needs evidence that the achievement of these goals will be long term, sustained and enduring.

The Forum hopes that you 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 and become a member (membership is open to the public, Healthwatch and the voluntary sector).

Malcolm Alexander,  
Chair  
Patients' Forum for the LAS

Please visit our website: **[WWW.PATIENTSFORUMLAS.NET](http://WWW.PATIENTSFORUMLAS.NET)**

## MONITORING AND WORKING WITH THE LONDON AMBULANCE SERVICE

The Forum is a 'critical friend' of the LAS and has been active on 10 LAS Committees, as well as meeting LAS Executives. The Forum has 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. The forum has 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 has 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.

## MEETINGS OF THE FORUM AND SPEAKERS - 2019

The Forum arranges for 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.

**Speaker's presentations: [www.patientsforumlas.net/meeting-papers-2019.html](http://www.patientsforumlas.net/meeting-papers-2019.html)**



## PUBLIC MEETINGS WITH SPEAKERS - 2019

<u>JANUARY</u>	...	<u>DIGITAL DEVELOPMENTS IN THE LAS</u> Stuart Crichton, Chief Clinical Information Officer Ross Fullerton, LAS Director of Technology and Development
<u>FEBRUARY</u>	...	<u>LONDON ASSEMBLY REVIEW OF THE LAS</u> Dr. Onkar Sahota, Chair, London Assembly Health Committee
<u>MARCH</u>	...	<u>MENTAL HEALTH CARE PROVIDED BY THE LAS</u> Carly Lynch, Mental Health Lead
<u>APRIL</u>	...	<u>RAISING THE QUALITY OF EMERGENCY CARE</u> Trisha Bain, Chief Quality Officer, LAS
<u>MAY</u>	...	<u>PROGRESS WITH THE LAS STRATEGY AND PIONEER SERVICES</u> Heather Lawrence, Chair, LAS Garrett Emmerson, Chief Executive, LAS
<u>JUNE</u>	...	<u>LAS PERFORMANCE AND DEPRIVATION – ARE THEY LINKED?</u> Malcolm Alexander on behalf of Archie Drake
<u>JULY</u>	...	<u>IMPROVING CARE AND OUTCOMES FOR PATIENTS URGENT AND EMERGENCY CARE PROGRAMME</u> Briony Sloper, Health London Partnership
<u>SEPTEMBER</u>	...	<u>EQUALITY AND DIVERSITY IN THE LAS. SAFE AND EFFECTIVE SERVICES FOR LONDON'S LGBTQ COMMUNITIES - LAS LGBTQ Group.</u>  <u>CELEBRATION OF THE WORK OF MARGARET LUCE</u>
<u>OCTOBER</u>	...	<u>FIGHTING THE DOWNGRADE OF TWO MAJOR ACUTE HOSPITALS THAT WOULD LEAD TO LONGER JOURNEY TIMES FOR MOST PATIENTS.</u> Sandra Ash, KOSHH - KEEP OUR ST. HELIER HOSPITAL AND EPSOM HOSPITAL CAMPAIGN
<u>NOVEMBER</u>	...	<u>REVIEW OF FORUM PRIORITIES AND PRIORITIES FOR THE COMING YEAR</u> Sister Josephine Udie, and Malcolm Alexander
<u>DECEMBER</u>	...	<b>No Meeting</b>

## THE FORUM WAS REPRESENTED ON THE FOLLOWING LAS COMMITTEES - 2019

- CLINICAL AUDIT AND RESEARCH STEERING GP.... Natalie Teich
- CLINICAL EFFECTIVENESS & STANDARDS ..... Beulah East + Malcolm Alexander.
- COMMUNITY FIRST RESPONDERS ..... Sister Josephine Udie
- END OF LIFE CARE ..... Angela Cross-Durrant
- EQUALITY AND INCLUSION ..... Audrey Lucas + Beulah East
- INFECTION PREVENTION AND CONTROL ..... Malcolm Alexander
- LAS ACADEMY PPI PANEL ..... Jan Marriott + Malcolm Alexander +  
Polly Healy
- PATIENT AND PUBLIC INVOLVEMENT ..... Malcolm Alexander
- PATIENT EXPERIENCE & FEEDBACK..... Adrian Dodd
- SAFEGUARDING ..... Adrian Dodd

## PATIENT AND PUBLIC INVOLVEMENT (PPI) IN THE LAS

Through our work with the LAS PPI Committee, the Forum has been able to participate in plans for the enhancement of public involvement by the LAS. There is a great deal of very successful outreach work being carried out by the LAS with communities across London. This was enhanced by 3 streams of work developed during the Insight Project on Sickle Cell disorders, personality disorders and chronic respiratory diseases.

The Forum should like to see far more evidence of how the patients' voice influences the development of LAS services. The evidence-base for service improvement through public engagement, needs strengthening. The Forum believes that the LAS should be able to demonstrate continuously where communities have influenced the development of front-line 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, has been very successful in raising clinical standards and enhancing user involvement. The Forum intends to use this model with respect to services for homeless people, epilepsy, maternity services, acute mental health problems and care for people with dementia.

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

The LAS also continued to send invitations for Forum meetings to their 5,000 members each month and this provided more opportunities for service users to become involved in the Forum's work.

**ALL FORUM PAPERS ARE PLACED ON THE WEBSITE:**

**[www.patientsforumlas.net](http://www.patientsforumlas.net)**

## **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, the Forum has run a series of visits to the Control Rooms for Forum members, and have also run a basic Life Support Session for them".

## **TWITTER**

The Forum is now publicising the Forum's work better through our Twitter Account.

**@ForumLas**

# KEY ISSUES AND RECOMMENDATIONS 2019

## CARE OF PATIENTS WHO HAVE EPILEPTIC SEIZURES

In August 2019, a meeting was held between the Forum, LAS and the Epilepsy Society, to discuss the development of service for people experiencing epileptic seizures. The Forum discussed and agreed the following:

- **To support the Epilepsy Society Campaign:** 'Calm – Cushion – Call'. This campaign was presented to the LAS Quality Oversight Group by the Forum.
- **Safe to Leave at Home or Take Home?**  
Judgement must be based upon how safe and well-supported the person would be if they had 'fitted' at home and were not taken to hospital. There is a risk if someone has fallen' that they could have suffered a cerebral bleed; not taking the patient to hospital could have lethal consequences.
- **Co-ordinate my Care**  
CmC is the priority for ensuring that front-line staff have the Care Plans of patients needing specific care. Patients can update their Care-Plan through: My CmC Record, but their GP or other Clinician must confirm the updated record. Paramedics discovering the need to update a CmC record cannot make amendments but can refer the patient to their GP or phone the GP to update the plan.
- **Clinical Audit Research Group – CARU**  
To ask CARU if a patients' voice component could be added to the next review by CARU.
- **Training and Education**
  - a) Epilepsy Society offered to provide training for LAS staff in the care of patients with epileptic seizures.
  - b) The Forum agreed to investigate the development of an LAS epilepsy training video, on a range of issues e.g. empathy, safe places, safe non-conveyance, different types of seizures, safe to leave at scene and interaction with family/friends.
- **Data on Diagnosis and Transfer to Hospital**  
LAS agreed to collect information on the number of patients over the last 12 Months, coded as:
  - a) Epileptic fit (code 23)
  - b) Seizures – non-epileptic (code 57)

- c) How many in each case were conveyed to hospital versus referred to an alternative care pathway or refused aid?  
But the Forum is still waiting for sight of the data.

### **SUDEP – Sudden Unexpected Death in Epilepsy**

LAS shared an epilepsy referral proposal to them from SUDEP, and an adult checklist and training package for emergency staff, adopted by Health Education England and designed to prevent SUDEP deaths.

### **Drug Administration**

- a) The two main drugs are Midazolam and Diazepam in emergency care. Midazolam can only be given via PGD (Patient Group Directive) following prescription by a Doctor. Paramedics cannot prescribe this drug but can administer. Midazolam is getting used more.
- b) Security around Midazolam is very high. It is secured in a Safe and must be physically signed out.
- c) Patients may carry Midazolam, but Paramedics can only use the drug if prescribed by a Doctor. Side effects of Midazolam and Diazepam can be very significant and may restrict a person's activities.

## **CARE OF HEAVILY INTOXICATED PATIENTS AT RISK OF HARM**

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 organised 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.

The Forum asked the LAS how their 'leave at scene Policy' relates to heavily intoxicated patients and Garrett Emmerson, CE of the LAS replied in February 2019, making the following key points:

- It attended almost 64,000 alcohol related incidents in 2018, accounting for just under 6% of total face-to-face incidents (during December 2018, we attended just over 6,000 alcohol related incidents, accounting for 6% of the total face to face incidents that month).
- As with any call it receives, patients are triaged, and resources dispatched accordingly to ensure patient safety.
- Every alcohol-related call it attends unnecessarily, means a crew is not available for another patient who might be seriously ill or injured.
- Some of the people it goes to who have had too much to drink, do not need an ambulance on blue lights; they need to get home and sober up safely.
- It has provided mobile treatment Centres in the past but have not found them to be the most efficient use of our services and it has, therefore, focused on supporting other partner organizations.

**The following LAS decisions are in line with our Recommendations:**

- Westminster City Council piloted a 'night hub' on Saturday nights between 1<sup>st</sup> and 22<sup>nd</sup> 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.
- Going forward, 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.

## SOUTH EAST LONDON 111 SERVICE

Monitoring LAS services has been a priority of the Forum since its formation and is a core part of the NHS Constitution:

### **4. The patient will be at the heart of everything the NHS does**

NHS services must reflect, and should be coordinated 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**

In 2019, nine of our members spent up to five hours each in the South East London 111 Centre, to examine progress since the 111 service had been converted into an IUC (Integrated Urgent Care Centre). Both the South East and North East London 111 services are run by the LAS. The 111 Centre in SE London provides a service for five Boroughs (Lambeth, Southwark, Lewisham, Bexley and Greenwich). The Integrated Urgent Care (IUC) specification requires the service to provide the following patient care services:

- Access to urgent care via NHS 111, either a free-to-call telephone number or online
- Triage by a Health Advisor

- Consultation with a Clinician using a Clinical Decision Support System (CDSS) or an agreed 'clinical protocol' to complete the episode on the telephone where possible
- Direct booking post clinical assessment into a face-to-face service where necessary

Each of our members observed and spent time with a Call Handler and Clinician and wrote a Report on their findings. Members were provided with a provisional list of questions about services for patients with mental health problems, and some more general questions. Mental health care was chosen as a priority theme, because of the Forum's concern about access to appropriate and adequate services for this cohort of patients, and because this issue has been prioritised by the LAS, e.g. in relation to Mental Health Nurses in their Clinical Hub and a mental health car in SE London.

**Twenty-five recommendations from these nine visits were made to the LAS in September 2019, but the LAS failed to respond to any of the recommendations, or discuss implementations despite several requests.** The Forum will plan visits to other 111 services in London, Birmingham and Bristol to observe alternative operational models for running 111 services.

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

## **THE FORUM'S RECOMMENDATIONS FOR IMPROVEMENTS TO THE 111/IUC AND LAS RELATED SERVICES INCLUDED:**

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### **REC 1: PARITY OF ESTEEM FOR PATIENTS IN A MENTAL HEALTH CRISIS**

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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.

### **REC 2: ACCESS THE LAS MENTAL HEALTH CARS**

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

### **REC 3: CALL HANDLER AND CLINICIAN TRAINING**

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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 if not getting the right care first time.

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**REC 4: WORKING WITH THE VOLUNTARY SECTOR**

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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.

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**REC 5: SEVERE GYNAECOLOGICAL ISSUES**

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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.

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**REC 6: DENTAL CARE**

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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.

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**REC 7: ACCESS TO FALLS TEAMS**

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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.

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**REC 8: SAFEGUARDING REFERRALS**

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When safeguarding referrals are made by the 111 service to the Local Authority, Outcome Reports should be considered a mandatory requirement for each referral. This will 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.

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**REC 9: CARE PLANS AND 'COORDINATE MY CARE'**

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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.

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**REC 10: TIME FRAME FOR CALL-BACKS**

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Patients should be advised of the timeframe for call-backs from Clinicians, so that they know at what time to expect the Clinicians' call.



## REC 11: ACCESS TO GPs

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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: <https://tinyurl.com/yxgm5lhn>**

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## MENTAL HEALTH CARE

The Forum made several recommendations to the LAS after its visits to the LAS Emergency Operations Centre (EOC) in Waterloo and Bow. Unfortunately, the Forum has been unable to obtain adequate responses to these recommendations from the LAS. The Forum also submitted its recommendations as a statutory statement to the LAS Quality Account, and requested the Chief Quality Officer, Trisha Bain to respond in more detail.

The issues raised by our 10 members who visited the EOCs were as follows:

- 1) **The statutory duty of 'Parity of Esteem'** is not being adequately exercised, resulting in patients with mental health problems getting a worse service than those with physical health problems. This is demonstrated by the following indicators:
  - Most mental health related calls are not currently directed to a mental health nurse in the EOC Clinical Hub.
  - Responses to patients with suicidal ideation are not adequate.
  - Patients with similar mental health conditions may get a very different response. Better support from mental health nurses and liaison psychiatry is essential.
  - The EOC uses a 'mental health card' to guide staff, but its content is inadequate. The LAS told us that it is 'national guidance' that they cannot change – which the Forum does not accept.
  - The LAS is focussed on diverting people away from A&E, but evidence of effective access to crisis level community mental health services across London is lacking.
- 2) **Risk of Violence.** The continuing use of questions to patients with mental health problems regarding their potential for violence is inappropriate and should be stopped. If the caller replies with uncertainty about whether the patient might be violent, the LAS response is likely to include both LAS and police vehicles. People with mental health problems are more likely to be the victims of violence than the perpetrators, and the LAS's excessive inappropriate approach undermines the duty of 'Parity of Esteem' and is extremely frightening for patients. People with mental health problems should not be subject to unsubstantiated claims about their predilection for violent behaviour.

### 3) **“DO NOT EAT OR DRINK APART FROM SIPS OF WATER”**

This is the advice given by the LAS to patients with acute mental health problems waiting for an ambulance. The Forum appreciates the importance of this question for some patients with physical illnesses but using it for all categories of patients is wrong and sometimes harmful. Telling a person who is severely depressed and feeling suicidal not to eat or drink, is more likely to have a negative impact on the patient and cause distress. The Forum has raised concerns about this issue with the LAS, but they have agreed only to make very minor changes to their protocol.

### 4) **Section 135 and 136 Detentions – Mental Health Act**

Our members attended an excellent ‘Whose Shoes’<sup>1</sup> event on mental health organised by the LAS, where participants spoke about patients being held in Police cars or LAS vehicles outside statutory Places of Safety (PoS) for long periods, sometimes for hours.

In collaboration with HAPIA (Healthwatch and Public Involvement Association), the Forum is carrying out a survey of Places of Safety to collect data on the length of time patients have waited before being admitted to the PoS.

The Forum recommends that the LAS also collects data on this issue, in order to move towards ensuring that the most seriously ill patients receive care and treatment that meets their needs. All long waits outside PoS should be declared serious incidents, fully investigated and action taken by the LAS to put pressure on hospitals and CCGs to stop these inappropriate and harmful long waits.

### 5) **Emergency Care for Patients’ Detained Under s135/136 of the MHA**

The Forum would like to see development of specialised models of care for patients detained under s135/136. Provision of this type of care should be led by mental health nurses and Advanced MH Paramedics.

The LAS has made significant progress in relation to caring for patients with acute mental health problems, e.g. the development of an Ambulance car with a Paramedic/Mental Health Nurse crew that responds to patients suffering a mental health crisis, and the team of Mental Health Nurses in the Clinical Hub of the Emergency Operations Centre. But some of the most critically ill patients, e.g. those detained under s136 in a public place by the Police, are not cared for by the LAS Mental Health Teams. Instead, after detention the person may be taken by Police car to a s136 PoS and handed over to a Mental Health Team. There may be a long delay before the handover occurs, resulting in seriously ill patients being detained in a Police car instead of being cared for by expert Mental Health Clinicians.

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<sup>1</sup> **Whose shoes?** is an approach designed to help healthcare staff and patients see care through each other’s eyes, using a series of thought-provoking exercises and scenarios. The aim is to share good practice and challenge attitudes and assumptions in a non-threatening way.

**The Forum RECOMMENDS 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.**

## PATIENT SPECIFIC PROTOCOLS – PSPs AND CO-ORDINATE MY CARE - CmC

In early 2019, before the CmC system was fully operational across London as a means of rapidly communicating essential clinical information to LAS front line staff about patients, a temporary system called PSP was used as a means of getting patients’ clinical data from GPs to LAS Clinicians.

The Forum was concerned that there was no information about PSPs aimed at patients to enable them to initiate a PSP (and later a CmC). The assumption was that GPs would automatically set up a PSP, but the Forum’s opinion was that patients should have sufficient information about setting up a PSP to be able to approach their Doctors, and ensure, in collaboration with their GP, that a PSP could be agreed, and would contain all relevant information for emergency situations. A joint leaflet was, therefore, produced between the Forum and LAS, which was made widely available to patients with appropriate medical conditions. The Forum worked with Chief Quality Officer, Trisha Bain, to develop this leaflet (see Appendix Three).

<https://www.patientsforumlas.net/meeting-papers---2018.html>

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

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. The Forum asked the LAS for data, which demonstrated the actual times taken for direct patient contact to be made but they were unable to provide this data. The Forum was particularly concerned because all calls from Prisons and IRCs are in practice ‘emergencies’, because they have their own clinical staff and are very experienced in determining if an Ambulance is needed. All patients are assessed using the ARP<sup>2</sup> system which determines the maximum time to

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<sup>2</sup> Ambulance Response Programme aims to prioritise the sickest patients, to ensure they receive the fastest clinically appropriate response, and aims to put an end to unacceptably long waits by ensuring that resources are distributed more equitably amongst all patients.

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 a suicide attempts, heart attack and stroke.

The Forum was surprised that the LAS could not produce the data it 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 so the Forum wrote to the Minister of Justice, Robert Buckland asking for his support, and he replied:

“You rightly raise a serious issue; I am keen for you to meet officials so that progress can be made”. See Appendix Four.

The Forum 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 the Forum.”

The FOI questions to the secure estate were as follows.

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

The Forum also contacted Dr. Onkar Sahota, Chair of the London Assembly Health Committee, to ask if any work has been done by his Committee relating to prison health or access to Prisons for Emergency Ambulance Services. His response is awaited.

The Forum met with the Ministry of Justice Team specialising in this area of work and visited Highdown Prison to see first-hand how the problem might be solved. The Forum also discussed improvements required to the national and local Memorandums of Understanding between the Ministry of Justice and Ambulance services.

The Forum will carry out a fresh investigation in 2020, to assess the progress made since our contact with Robert Buckland (now Lord Chancellor) and his Team in the Ministry of Justice. See Robert Buckland’s letter of 17-5-19 in Appendix Four.

## RECOMMENDATIONS TO THE LAS

- 1) Collect 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.

## EQUALITY AND DIVERSITY IN THE LAS

Progress with the enhancement of race equality in the LAS, with respect to Paramedics and Emergency Ambulance Crew (EACs) has been painfully slow, despite our detailed 10-year study of race equality presented to the LAS in 2016. EOC call-handlers are the most diverse and the lowest paid group of staff in the LAS.

Nevertheless, significant progress has been made with implementation of the WRES in relation to the overall diversity of the LAS, as a result of the work of the Equality and Diversity Lead, Melissa Berry - and the recruitment team led by Averil Lynch.

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

PERIOD	% BAME PARAMEDICS	% BAME PARAMEDICS WITH DIRECT PATIENT CONTACT
2015-16	7.0%	4.6%
2016-17	7.0%	4.2%
2017-18	6.0%	3.9%
2018-19	7.5%	4.8%
2019-20	9.0%	6.2%

Recruitment to the TEAC/EAC 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:**

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- 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 licences, 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 6, and there is a wide range of job opportunities available for Paramedics.
- 4) Provide resources to expand the recruitment team, so that it can actively and continuously promote the profession of Paramedic science in Further Education Colleges, Sixth Form Colleges and School Six 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](http://www.patientsforumlas.net/equality--inclusion-and-diversity-in-the-las.html)**

## SAFE & EFFECTIVE SERVICES FOR LGBTQ COMMUNITIES

### LONDON AMBULANCE SERVICE LBGT FORUM

Jules Lockett, Alex Ewings and Lee Hyett-Powell from the LAS LGBT Forum presented to our public Patients' Forum meeting in September 2019. This was the first joint event between the LGBT/LAS Forum and the Patients' Forum.

The LGBT Forum was described as being:

- Focussed on the needs of both staff and patients.
- Focussed on the cultural transformation of the LAS, e.g. focussing on how safe people feel to open about their sexuality in the LAS.

The importance of getting feedback from LAS colleagues and from patients about their experience of the LAS in relation to their sexuality was described as a priority.

### DEALING WITH STIGMA

A participant described his own experience as a bisexual man. He spoke about the trauma, mental health problems and cultural issues he had had to deal with. He explained that his sexuality could not be discussed within his family, because it was not considered to be acceptable, and could not therefore be discussed openly. He had 'come out' as bisexual in 2011, but had never told his family – apart from his wife. He described the stigma and negative associations he feared from his family.

### ENHANCING PATIENT CARE

It was explained how important it is for staff to feel comfortable at work with colleagues and patients, to be mindful of their sexuality and the sexuality of others, and how consistent this is with working effectively to enhance patient care. He said that where staff feel confident and safe about 'being out', that the working environment is a happier and more successful.

### IMPORTANCE OF TRAINING

Peter Scott-Presland described the importance of opening doors for LGBT people, e.g. training for older LGBT people and the Rainbow Alliance. He explained importance of staff training to ensure the highest standards of dignity and respect.

#### The Rainbow Alliance - NHS Leadership Academy

Rainbow Alliance is a network of staff, service users and carers who are committed to enhancing the quality of the services, which Leeds and York Partnership Foundation Trust deliver to LGBT+ communities.

[www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk) › [lgbt](#) › [the-rainbow-alliance](#)

### FREEDOM TO SPEAK-UP GUARDIAN

Members of the LGBT Forum said they have no direct experience of bullying and harassment in the LAS, but they are aware of the problem in other ambulance services. They added that the LAS has an excellent 'Freedom to Speak Up Guardian' available to all staff who wish to raise issues about the behaviour of colleagues or managers. Local station managers are expected to be positive and welcoming to staff who have experienced harassment as a result of being LGBTQ or any other reason, but in practice staff do not generally report on their experiences of their managers.

## NEEDS OF TRANSGENDER PATIENTS

It was emphasized that LAS staff must be equipped to deal with the needs of transgender patients, especially those going through gender transition. This could include skills in recognising the symptoms of gastroenteritis and hormone related conditions. Staff also need to feel comfortable to ask patients about patients' transgender history, and that this requires them to have received training to support transgender patients.

## WORKING TOGETHER – LGBT FORUM AND PATIENTS' FORUM

Joseph Healy, President of the Forum said that he was very pleased to have received an invitation to attend a meeting of the LAS LGBT Forum in October 2019. He said that the LAS LGBT Forum has six priorities during this year, which are related to meeting the needs of patients and staff and being able to take appropriate action to resolve issues. One of the current objectives was to ensure that the mentors of front-line staff understand any special needs in relation to staff who are transgender.

## SPEAKING OUT

Sister Josephine emphasized the importance of people experiencing bullying and harassment as a result of being LGBTQ, being able to speak out freely and without fear. She said it was very important that the LGBT Forum has been formed to deal with these critical issues.

<https://www.patientsforumlas.net/meeting-papers-2019.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](http://www.patientsforumlas.net/co-production-in-the-las.html)

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

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- 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)**

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

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- 1) 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.
- 2) Enables delivery of our shared objectives for the creation of better services and outcomes for patients.
- 3) Sets out the potential outcomes that people can expect from the co-production of urgent and emergency care services and other LAS care services.
- 4) Sets out responsibilities of people taking part in the co-production of services.
- 5) Establishes principles which are intended to achieve a vision of service users as equal partners in the production of effective urgent and emergency care.
- 6) Signals the direction of travel for integrated service development between the LAS, patients and the public.
- 7) Is a living document and will be subject to annual review and improvements, where these will enhance patient and public involvement in LAS service development and/or improve the outcomes of patient care.
- 8) Does not replace or substitute for any other democratic processes, NHS Constitution, Acts of Parliament or statutory instruments, including the statutory duty to consult on all significant service change.

**C. PATIENTS AND THE PUBLIC WILL BE ENCOURAGED TO:**

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- 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**

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## **CO-PRODUCTION:**

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- 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:**

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- 1) Acknowledge differences in the capacity to effect change and in access to resources between all those who participating in Co-Production of the LAS.
- 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.

## **CO-PRODUCTION WITH THE WITH THE HCPC PARAMEDIC PROGRAMME**

The Patients' Forum and LAS formed the joint 'Patient and Public Involvement Panel' (PIIP) to promote public involvement in the syllabus of LAS Emergency Ambulance Crew who were training to become Paramedics at the Education Centre in Fulham. This approach enabled the LAS to comply with the requirements of the Healthcare Professions Council (HCPC).

Ten Forum members participated in this highly successful project in several different ways including the following activities:

- Membership of 'Patient and Public Involvement Panel' to provide strategic leadership
- Lecturing to all students training to become Paramedics on the importance of PPI
- Observing Education Centre Tutors during student assessments and recommending improvements in practice
- Acting as 'mock' patients to facilitate student assessments
- Attendance at HCPC Internal Paramedic Programme steering group

- Observing interviews with applicants for the paramedic programme to ensure good governance.

Janet Marriot, Polly Healy and Malcolm Alexander were the Forum's members on the PPIP and also attended the HCPC Internal Paramedic Programme Steering Group.

An example of a presentation to Paramedic Programme students and the website we created for the programme can be seen at: <https://www.patientsforumlas.net/las-ppi.html>

The Patient and Public Involvement Panel and other activities associated with the HCPC approved Paramedic Programme, were closed down without notice by the LAS early in 2020. No explanation has ever been provided for the closure of this outstanding project or any assessment of the risks resulting from depriving students and tutors of the independent monitoring, advice and training provided by the Patients' Forum.

## PROMOTING PUBLIC DEFIBRILLATOR ACCESS FOR PEOPLE SUFFERING A CARDIAC ARREST

The Patients' Forum supported the campaign for the DEFIBRILLATOR (AVAILABILITY) BILL intended to save more lives of people suffering a Cardiac Arrest

The Bill was put to Parliament by Maria Caulfield MP, and introduced under the '10-Minute Rule'. It was due for a **second reading on Friday, January 29<sup>th</sup>, 2019**.

The Patients' Forum campaigned for the Bill by encouraging members to write to their MPs to support the Bill. Unfortunately, it failed to complete its passage through Parliament before the end of the session. This means the Bill will make no further progress unless Maria Caulfield MP reintroduces the Bill. The Forum has written asking her if she will reintroduce the Bill, but as a Parliamentary Whip she is unable to do so.

**<https://services.parliament.uk/bills/2017-19/defibrillatorsavailability.html>**

The Defibrillator (Availability) Bill 2017-19 aims to save hundreds of lives each year, by requiring the provision of defibrillators in Schools, Colleges, Leisure and Sports Centres, and other public facilities, provision for the training of persons to operate defibrillators and funding the acquisition, installation, use and maintenance of defibrillators.

Defibrillators give high energy electric shocks to the heart, through the chest wall, to someone who has collapsed following a cardiac arrest. Sudden cardiac arrest (SCA) is a leading cause of premature death, but immediate CPR and defibrillation saves many lives.

SCA occurs because the electrical rhythm that controls the heart is replaced by a chaotic disorganised rhythm called ventricular fibrillation (VF). Seconds count, and Ambulance Services may not arrive quickly enough to resuscitate most victims. Bystander CPR and use of a defibrillator can save many lives.

- Estimated annual deaths from cardiac arrest around 60,000/year in the UK.
- Fewer than 1 person in 10 survives when the SCA occurs out of hospital.
- CPR, and the use of an automated external defibrillator (AED), significantly increases survival chances, if performed promptly.
- AEDs provided in public places, can be safely used by untrained members of the public, while waiting for an Ambulance.

Appendix Five: Letter from Dr Phillip Lee MP sent to a Forum member making the case for the Defibrillator Bill.

<https://www.patientsforumlas.net/meeting-papers-2019.html>

## LAS PERFORMANCE, INEQUALITY AND THE INVERSE CARE LAW

At the May meeting of the Patients' Forum, Archie Drake the Forum's Lead on Health Inequalities, presented his early findings of research carried out for the Patients' Forum, exploring health inequalities in London. He used Public Health and LAS data.

Comparative data on years spent in ill-health by people in each London Borough, showed a marked disparity between Richmond and Bromley (14.9 years average) and Haringey, Hackney and Tower Hamlets (26.21 years average). His research sought to discover if LAS response times were related, in any way, to the level of deprivation by London Borough. The Mayor has a statutory responsibility to take action to reduce inequality and this melded in well with the agreement of accountability between the LAS and the London Assembly (LA) Health Committee led by Dr. Sahota:

“As London experiences increasing inequality, overstretched public services, and an ever-burgeoning population, **these pressures are also passed onto the LAS in its day-to-day work.** This can be seen, most starkly, with ambulances queuing out of A&E departments due to rising demand, insufficient investment and overwhelmed social care services grinding to a halt.” **Dr Sahota, Chair, LA Health Committee**

The data showed that there was significant difference in LAS performance in different areas of London, for example the South West and North Central areas have the largest number of high priority calls, but the areas with the worst performance for this response category did not coincide with the worst area of deprivation.

The Inverse Law was used to examine the following data to assess its possible impact, i.e. is the level of deprivation in different parts of London connected in any way with the effectiveness of the LAS's response or performance?

- Data about inequality, IMD 2015

- LAS performance data, YTD 2018-9 (by CCG and sector)  
IMD= Index of Multiple Deprivation. YTD= Year to date

The IMD results for London by Sector were as follows:

- North East ... .. 27.6
- North Central ... .. 26.7
- South East ... .. 24.0
- North West ... .. 22.6
- South West ... .. 15.4

The Inverse Care Law was created by Julian Tudor Hart (1927-2018), a GP from Wales who discovered that: *"The availability of good medical care tends to vary inversely with the need for it in the population served. This ... operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced."*

LAS Performance using historic Category A data, showed that the highest level of responses within 8 minutes were in the South west Sector, and lowest in the North West sector. No correlation was found at Borough/CCG level between the level of deprivation and LAS performance for Cat A calls. But it appeared that something was happening at Sector level.

To redress differences in responses between sectors, the LAS introduced the 'tethering pilot', which attempted to keep Ambulances in geographical areas where response was poorer. The project was abandoned and attempts to get a copy of the report on outcomes failed. <https://tinyurl.com/yyb7j63y>

Examining more recent ARP data (Ambulance Response Programme) suggests that Sector variation appears to be greater for lower level urgent (non-emergency calls) – see above for definition. These calls include older people who have suffered falls. It was concluded that deprivation may be a driver to performance by area, but not directly. An explanation is needed for the variation in non-emergency categories to find if this is related to deprivation (categories 3 and 4).

		ARP CATEGORY DEFINITIONS
<b>7 MINUTE MEAN</b>	<b>CAT ONE LIFE THREATENING</b>	<b>A time critical, life-threatening event requiring immediate intervention or resuscitation</b>
<b>18 MINUTE MEAN</b>	<b>CAT TWO EMERGENCY</b>	<b>Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport</b>

<b>2 HOUR</b> 90th percentile	<b>CAT THREE</b> <b>URGENT</b>	<b>An urgent problem needing treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate time frame.</b>
<b>3 HOUR</b> 90th percentile	<b>CAT FOUR</b> <b>LESS URGENT</b>	<b>Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.</b>

The LAS may be stuck in the middle of a very complicated problem, with more people calling for LAS services because of reduced resources in local Borough/CCG areas, i.e. poorer access to primary care. The LAS is responsible for balancing supply and demand with limited influence on the NHS supply side. The LAS wants to reduce the number of people taken to hospital, but if the CCGs/STPs fail to produce alternative health and social care services this will impact heavily on the health of the most deprived people in London.

## **RECOMMENDATIONS**

- Obtain data on both demand and performance of the LAS.
- Attempt to explain variations in performance and action to address them.
- Explore factors which could influence demand and deprivation, e.g. social class, levels of crime, concentration of people with specific health problems around specialist hospitals (e.g. the Maudsley), language, co-morbidities, and the number of older people in an area.
- Work with the LAS, NHSI, National Institute for Health Protection and the London Assembly, to examine the relationship between performance and deprivation in more detail.
- Look at performance by post-code in relation to the level of deprivation.
- Engage the Mayor of London in view of his role in reducing inequalities.
- Seek the views of Clare Coghill and Ray Puddifoot, London Councils, on the relationship between deprivation and how the LAS responds to need.

### **Marmot – The Whitehall 11 Study**

[www.thelancet.com/journals/lancet/article/PII0140-6736\(91\)93068-K/fulltext](http://www.thelancet.com/journals/lancet/article/PII0140-6736(91)93068-K/fulltext)

### **Tudor Hart – The Inverse Care Law**

[www.thelancet.com/journals/lancet/article/PIIS0140-6736\(71\)92410-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(71)92410-X/fulltext)

### **Data for Ambulance Dispatch: New & emerging forms of data to support the London Ambulance Service**

<https://www.kcl.ac.uk/policy-institute/assets/data-for-ambulance-dispatch.pdf>

## LAS COMPLAINTS AUDITS

### Joint Complaints Audits – LAS & Patients' Forum

A very positive development in 2019 was the creation of a joint Complaints Audit Team between the Forum, LAS Chair, and other LAS colleagues (Gary Bassett and Kaajal Chotai<sup>3</sup>).

The Forum Team included:

Beulah East	Adrian Dodd	Jan Marriot
Joss Bell	Elaina Arkeooll	Malcolm Alexander

This audit process allowed the Forum to examine a number of anonymized complaints every two months, and then meet with the LAS team to give its opinion on the effectiveness of their complaint investigation. Recommendations were made by the Forum Team to the LAS on improvements that it wanted to see in the 'complaint investigation' process.

The Forum's overall view was that the 'complaint process' needed substantial development:

- It is unclear how satisfied complainants were with outcomes of their complaint '
- The Forum saw no evidence of data on the protected characteristics of complainants.
- The Forum was not able to hear recordings of telephone conversations between the Complaints Team and complainants.
- There was little evidence of recommendations being made as a result of complaints investigations, or a process of implementation of recommendations.
- There was no evidence of service improvements as a result of complaints investigations being fed back to complainants. This would give people who make complaints the assurance that their complaints contribute to enduring service improvements.

**The Forum was told, by the LAS, that it could not look more deeply into the complaints system because GDPR inhibits contact with complainants. The Forum disputed this view because the LAS simply needed to get the complainants' consent to enable Forum members to scrutinize their complaints in detail.**

Gary Bassett, the Head of the Complaints Investigation Department fully supported the Forum's role in carrying out more in-depth investigations of complaints.

**The LAS terminated this collaboration at the end of 2019, without notice.**

### Complaints Charter

The LAS Complaints Charter was written by the Forum, agreed by the LAS Board and has been made available by the LAS to every person who submits a complaint to them. <https://www.patientsforumlas.net/complaints-charter-and-complaints.html>

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<sup>3</sup> Gary Bassett, Head of Complaints and Kaajal Chotai, Deputy Director of Quality, Governance and Assurance

## **Telephone Recording for Complainants**

The Forum **RECOMMENDATION** to the LAS is that all telephone calls from complainants should be recorded, and a copy of tape and the transcript sent to the complainant to ensure accuracy. This approach would give confidence to the complainant that all the issues they raised would be fully investigated.

## **NO GENUINE PUBLIC INVOLVEMENT ON THE LAS STRATEGY**

### **MAJOR FORUM MEETING - MONDAY MAY 13, 2019** **PROGRESS WITH THE LAS STRATEGY AND PIONEER SERVICES** Heather Lawrence, Chair LAS and Garret Emmerson, Chief Executive LAS

On May 13<sup>th</sup>, 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 the Forum 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 the Forum 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! The Forum 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 13<sup>th</sup> 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 23<sup>rd</sup>, 2019, the LAS released its one-year review of the Strategy, which the Forum discussed at its June 2019 meeting, without LAS Strategy Leads being present.

Forum 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.

## GOVERNANCE ISSUES – BOARD PAPERS

The Forum is very concerned about public access arrangements for LAS Board Meetings. Board Members were presented with Tablets for use during Board meetings, and the Meetings extended from three to five hours. At the same time, members of the public were refused hard copy of Board papers, regardless of their lack of access to Tablets or computers. This prevented some members of the public from reading papers in advance of meetings. Complaints from the Forum eventually led to an agreement to provide papers for a few months. This decision supported members of the public wishing to observe and participate in Board Meetings, e.g. by submitting questions based on the papers. However, in December 2019 the Communications Department again refused to provide the Forum with hard copy papers in advance of LAS Board Meetings.

## ANNUAL MEETING OF THE LAS BOARD - FUMES

The Forum attempted to get answers to several questions regarding the toxicity of fumes from LAS vehicles. These questions were put to senior LAS Health and Safety staff who failed to answer and the Forum, therefore, sent the questions to the Annual Meeting of the LAS Board, because it was impossible to get written answers to our questions. The questions were also submitted as FOI Act requests, but no adequate response was ever received.

Despite submitting questions in advance of the Annual Meeting, the Chair and Chief Executive were only prepared to answer one question at the Meeting. Further attempts to get a written response to our questions failed, despite meeting with the LAS Chair Heather Lawrence to discuss this matter. Our questions were as follows:

- 1) **By which date will the LAS ensure that all LAS Ambulance MDTs systems are powered by battery, instead of idling Ambulance diesel engines?**
- 2) **Will the LAS urgently provide guidance to all front-line staff about the importance of only switching on diesel engines whilst stationary for very short periods, e.g. to charge batteries?**
- 3) **Will the LAS ensure that all stations have adequate and appropriate electrical landlines to charge batteries without running diesel engines?**
- 4) **By which date does the LAS expect all front-line staff actively use IPADs for communication with Control and to receive CmC data?**
- 5) **In relation to the problem of air quality in London, exacerbated by traffic jams and ambulance diesel engines fumes, has the LAS carried out an assessment of the consequential health impact on LAS front line staff, e.g. due to asthma or lung fibrosis?**

### **STRANGE BUSINESS AT THE LAS ANNUAL MEETING 2019**

“Dear LAS, I was at the Annual Meeting and knew most of the people there and they were overwhelmingly staff members. There were not 140 patients and members of the public. Can you re-check the data please because there has been a mistake in the data given to you. **There were not more than 10 members of the public present at the Annual Meeting!**”

### **RESPONSE**

*“I have checked with the team in charge of registering guests and they have confirmed the number is correct,”*

Antony Tiernan, Director of Communications and Engagement, London Ambulance Service

## REPORT AND FINANCIAL STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2019

The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31<sup>st</sup> December 2019.

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### **INCORPORATION**

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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.

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### **DIRECTORS AND TRUSTEES**

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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 1<sup>st</sup> 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 North West 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](http://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 2019, 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.

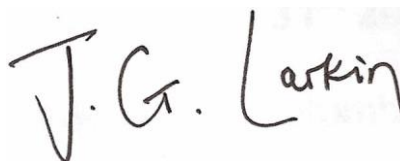
### Affiliation

- 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 August 2020 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 2019**

	<b>Unrestricted Funds 2019</b>	<b>Total 2019</b>	<b>Total 2018</b>
	£	£	£
<b>Incoming Resources</b>			
Grants	-	-	-
Donations	65	65	50
Membership fees	560	560	480
Affiliation fees	120	120	85
Investment income	3	3	2
Other	-	-	-
<b>Total Incoming Resources</b>	<b>748</b>	<b>748</b>	<b>617</b>

<b>Resources Expended</b>			
Companies House	40	40	40
Renewal/hosting of website domain (s)	28	28	-
Incidental administrative expenses	205	205	162
Room Hire/Catering St Thomas'	120	120	-
Other	-	-	-
<b>Total Resources Expended</b>	<b>393</b>	<b>393</b>	<b>202</b>
<b>Net Incoming/(Outgoing) resources for year</b>	<b>355</b>	<b>355</b>	<b>415</b>
<b>Total funds brought forward</b>	<b>2894</b>	<b>2894</b>	<b>2479</b>
<b>Total funds carried forward</b>	<b>3249</b>	<b>3249</b>	<b>2894</b>

## BALANCE SHEET – 31 DECEMBER 2019

	TOTAL 2019 £	TOTAL 2018 £
FIXED ASSETS	-	-
CURRENT ASSETS		
- Debtors	-	-
- Cash in hand	-	-
- Cash in bank	3249	2894
- Gross current assets	3249	2894
CREDITORS		
- Amounts falling due within one year	-	-
NET CURRENT ASSETS	3249	2894
TOTAL ASSETS LESS CURRENT LIABILITIES	3249	2894
RESERVES		
- Restricted funds	-	-
- Unrestricted funds	3249	2894
<b>TOTAL FUNDS</b>	<b>3249</b>	<b>2894</b>

### 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 2019 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 August 2020 and is signed on their behalf by:




**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
BME	...	...	...	...	Black and Minority Ethnic
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
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
FOI	...	...	...	...	Freedom of Information Act 2000
FT	...	...	...	...	Foundation Trust
GDPR	...	...	...	...	General Data Protection Regulation
HCA	...	...	...	...	Health Care Assistant
HCPC	...	...	...	...	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

## 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

### FORUM'S STATEMENT FOR THE 2019 LAS QUALITY ACCOUNT

**Dear Trisha, thank you so much for asking the Forum to respond to your Quality Account priorities for 2019-2020. I attach our response to the areas that you have highlighted and also sent you a list showing some of the Forum's key achievements over the past year. I have also sent you our draft Co-Production Charter and the Forum will look forward to discussing this with you.**

#### **1) CO-PRODUCTION WITH THE LAS**

Our collaboration with you and your team is very positive and creative and has led to some important developments, including the Complaints Charter which is now being highlighted in acknowledgement letters to all those who have made complaints to the LAS. The Forum also value the joint development of the Patient Specific Information leaflet for patients and carers.

#### **2) MONITORING EOC AND 111 SERVICES – MENTAL HEALTH CARE**

Fifteen of our members are visiting EOC in Bow and Waterloo and the 111 centre for south east London. Our theme on this occasion has been the care of patients with mental health problems. Our members were well received and learnt a great deal about the operation of these three centres. The Forum will extend this programme to north east London in the next few weeks. As a result of our observations:

#### **THE FORUM RECOMMENDS:**

- a) Further development of mental health triage in EOC. Despite the significant developments of the mental health team, the duty of 'parity of esteem' is not being adequately exercised. As an example, most mental health related calls are not currently directed to a mental health nurse, and consequently some responses to patients lack the expertise that mental health nurses can provide, e.g. in relation to

suicidal ideation. Thus, patients with similar conditions may get a very different response.

- b) As an initial step the mental health card should be expanded to include mental illnesses or events, e.g. anxiety, depression, psychosis and risk of suicide.
- c) There needs to be more mental health nurses on site, because when there is only one mental health nurse available, access to specialist mental health support is insufficient. If more mental health nurses were available more mental health calls could be directed to a specialist support team.
- d) There is a need for greater access to psychiatric liaison/relationship building with all local mental health teams, to reduce the risk of patients being sent to A&E as default. At the moment, it appears that, where a mental health nurse is already familiar with the team in a particular area, the relationship works well, and local services can be assessed more easily. This collaborative working relationship needs to be extended to all mental health trusts in London.
- e) The continuing use of a question to patients with mental health problems regarding their potential use of violence is inappropriate and should be stopped. Similarly, the advice given to patients in a mental health crisis waiting for an ambulance response, not to eat or drink should be abandoned as poor practice.

### **3) ACCESS TO THE SECURE ENVIRONMENT FOR EMERGENCY RESPONDERS - Category 1 and 2 ARP calls.**

Currently no data is available on the time taken for Paramedics to reach patients in Prisons, Immigration Removal Centres and Youth Offender Institutions. Once an ambulance arrives at the prison gates, it appears that the clock stops, despite the fact that a core aspiration of ARP was to be 'patient centred' rather than 'target centred'. The Forum is attempting to gather data on this problem from the Home Secretary and Prison Minister.

#### **THE FORUM RECOMMENDS:**

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- a) The LAS collects data on the response times for all Cat 1 and Cat 2 calls to secure estate gates for a period of 3 months.
- b) The LAS requests Paramedics and EACs who respond to calls to the secure estate, to record the time taken from arrival at gates to patient contact, for a period of 3 months.

### **4) SICKLE CELL DISORDERS**

There has been significant progress in relation to the training of front-line staff concerning the needs of patients with sickle cell disorders, and CARU audits have shown how this training has enhanced patient care. Work continues with

the Sickle Cell Society and the LAS Academy in relation to pain control for children and young people, and production of a staff training video.

**THE FORUM RECOMMENDS:**

---

- a) That comprehensive staff training in relation to sickle cell disorders is kept up to date for all front-line staff.
- b) That CARU carries out a new survey of people with sickle cell disorders who have used LAS services, to determine if the quality of care for sickle cell patients remains of high quality and continues to improve.

**5.0 COMPLAINT INVESTIGATIONS**

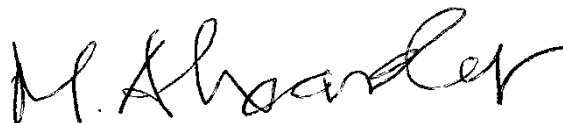
The Forum is working closely with the LAS Chair, Kaajal Chotai and Gary Bassett from the complaints and quality teams, to carry out joint audits of complaints. We will jointly recommend how the process can be made more sensitive to the needs of people who have complained, and how the complaints system can positively improve front line services.

**THE FORUM RECOMMENDS:**

---

- a) Recommendations produced as a result of complaint investigations should be widely publicized, to give people who make complaints the assurance that their complaints contribute to enduring service improvements.
- b) The joint team reviewing complaints should have the opportunity to write to complainants to seek their views on the investigation of their complaints.

Malcolm Alexander



Chair

Patients Forum for the LAS

07817505193

# Patient Specific Protocols (PSPs)

## INTRODUCTION:

Patient Specific Protocols are designed to help patients have conversations with their GPs or other healthcare specialists to ensure that patients are able (a) to understand the purpose of a Patient Specific Protocol (PSP) and (b) to encourage patients to make appointments with their healthcare specialists in order to draw up a protocol that sets out patients' conditions and treatment. This can then be transmitted to, and used by, the London Ambulance Service, Doctors and others to ensure that patients' conditions and treatments are known and understood, and their needs are met.

### These could be for identifying:

- Illnesses outside the usual range of conditions treated by Paramedics (i.e. not within the care guidelines usually followed by our Clinicians)
- Specific treatment for high risk, long-term, or rare medical conditions – for example, cardiac, chronic obstructive pulmonary disease (COPD), other respiratory conditions and a history of life-threatening presentations of sickle cell disorders, e.g. splenic sequestration
- Children with complicated or life-limiting conditions, or where for example it has been agreed that resuscitation is not in their best interests
- End of life, and other life-limiting (palliative care) conditions, including whether to be taken to hospital and stating the preferred place to die
- Situations where it is agreed not to attempt Cardio-pulmonary Resuscitation (DNA-CPR)

### How do they work?

- There are two parts to a PSP - an address 'flag' and the guidance itself.
- Whenever a 999 call is made from the registered address, an alert will appear on the call-taker's screen notifying them that clinical information regarding the patient

is held.

- This same message will also be sent to the computer screen of the ambulance crew who are dispatched to the call. Clinicians in the control room can access the information and relay it to our crews.
- Patients who are successful in obtaining a PSP will be informed that their details have been accepted by the London Ambulance Service.

### **How do I register for my own patient specific protocol?**

- Should you wish for a PSP to be considered, please speak to your doctor who will discuss the benefits with you. If you agree this is the best way to ensure you receive the care you need for your condition, your doctor can refer your Patient Specific Protocol (PSP) to: [HCP.LAS@NHS.NET](mailto:HCP.LAS@NHS.NET)

**Please note: the London Ambulance Service (LAS) cannot accept referrals for a PSP directly from patients.**

## APPENDIX FOUR



Ministry  
of Justice

Robert Buckland QC MP  
Minister of State for Justice

Malcolm Alexander  
Chair  
Patients' Forum for the London Ambulance Service

MoJ ref: ADR068335

17<sup>th</sup> 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 0370 761 7753

E <https://contact.moj.dsd.in/>  
www.gov.uk/moj

102 Petty France  
London SE1 9AF  
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.gsi.gov.uk](mailto:christopher.barnett-page@noms.gsi.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!*

2

## APPENDIX FIVE

DR PHILLIP LEE MP



HOUSE OF COMMONS

LONDON SW1A 0AA

Mr Colin Hill

23 January 2019

Dear Mr Hill,

Thank you for contacting me about public-access defibrillators (PADs).

I agree that a better provision of defibrillators can help save more lives of those who have a cardiac arrest outside a hospital setting.

I warmly welcome fresh steps announced in the NHS Long Term Plan (LTP), published 7th January 2019, to tackle cardiovascular disease – especially out of hospital in communities. The LTP commits to faster and more effective action to help save the lives of people suffering a cardiac arrest, as well as a national network of community first responders and defibrillators to help save up to 4,000 lives every year by 2028.

Specifically for PADs, I welcome the provision of £1 million in the 2015 Budget which led to 700 more PADs in communities across England, and a further £1 million in the March 2016 Budget.

Alongside this investment, the Government is encouraging schools to purchase a defibrillator as part of their first-aid equipment. However, the purchasing of a defibrillator is a matter for individual head teachers. To make it as easy as possible for schools to purchase a defibrillator, the Department for Education negotiated a deal with NHS Supply Chain to offer defibrillators at a reduced cost. Since this scheme was launched in November 2014, 3,353 defibrillators have been purchased this way.

A partnership between the NHS, British Heart Foundation and Microsoft to map PADs across the country will see the launch of a national database of PADs from in spring 2019, enabling a much greater understanding of areas lacking equipment. As well as building on work to improve access to PADs, it contributes to NHS England's priority to place an increased focus on reducing the impact of devastating heart and circulatory diseases.

I am aware that my colleague has brought forward the Defibrillator (Availability) Bill, and I hope to attend the debate scheduled for Friday 25th January, if my schedule allows.

Thank you again for taking the time to contact me.

Kindest regards,

Yours sincerely,

  
Dr Phillip Lee MP  
Member of Parliament for Bracknell

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## APPENDIX SIX

## 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.

### **The Forum 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 focussed 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 the LAS equality, diversity and inclusion leads to promote effective training of all LAS front-line staff in the provision of care for London's diverse communities, in relation to all protected categories identified by the 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 SEVEN**  
**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](mailto:ped@londonambulance.nhs.uk)

### CARE QUALITY COMMISSION

Tel: 0300 61 61 61  
[enquiries@cqc.org.uk](mailto: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](mailto:patientsforumlas@aol.com)  
0208 809 6551 or 07817 505193  
[www.patientsforumlas.net](http://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=DtA2sMAjU\\_Y](http://www.youtube.com/watch?v=DtA2sMAjU_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.