

## Patient Representative Reference Group: 9<sup>th</sup> December 2014

### Questions and Answers

Question	Answer
How do people know whether to choose 111 or 999?	Please see the information provided in this link: <a href="http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx">http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx</a>
What is the role of LAS Patients' Forum <u>AND</u> this 'reference' group?	We engage with a large number of groups and want to give as many people as possible the opportunity to engage. The Patients' Forum is independent of the LAS, sets its own agendas and runs its own meetings. This group is one we have set up, to consult and engage on issues and developments.
Psychiatric – violent. Why Cat2, why not R1?	Calls are categorised on the basis of clinical need, and a patient who was violent would not be in category R1 (as these patients are mostly not conscious and not breathing). Most patients with mental health problems who say they are violent are more likely to harm themselves than others, and may not have life-threatening conditions which would warrant a R1 response. If a caller admits to being violent, we would ask the police to respond with us.
What is the learning from LAS activity: hours of day, days of week, seasonal – weather, holidays, festivals? Inform CCGs, LAS, PPI forums / Healthwatch.	Analysis is undertaken on all of these factors in our Management Information Department. As Paul Woodrow explained, there is not always an obvious trend or pattern, but there are some factors which we know will increase our call rate, e.g. very cold or very hot weather. All information is shared with our commissioners.
Palliative care – home to die!! Why?	This is a service we provide to patients who express a preference or wish to die at home rather than in hospital or a hospice. Some patients have 'do not attempt resuscitation' orders, agreed with their family and GP, and we try to honour patients' wishes in these circumstances by helping them to get to the right place, according to their own preference.
Have you now got too many management structures?	We only have one management structure overall, but the structure of our operational functions is currently being revised. This is the first operational restructure for a number of years.

<b>Question</b>	<b>Answer</b>
Are your staff experienced at working with people with a learning disability?	Our staff work with the full range of patients with all sorts of conditions and in all kinds of circumstances. They try to adapt their skills to meet the needs of all their patients. People with learning disabilities make up a very small percentage of our patients overall, but we are aware that they may have different needs from other patients (and from one another). Any issues affecting people with learning disabilities are overseen by the Equality & Inclusion Committee. We have produced an information booklet for people with learning disabilities, as well as a communication booklet for staff. Some of the information on our website is in easy-read format. Staff are also made aware of the potential safeguarding issues affecting people with learning disabilities, as they may be vulnerable to abuse.
Boris [the mayor] has been warned in advance about large amounts of construction causing congestion – can LAS please communicate this with him ASAP?!	There has always been a lot of construction work in different parts of London. We routinely liaise with local authorities on road closures and other issues that may affect the LAS. We also have regular communication with the Mayor, as well as close liaison over large-scale building projects such as for the 2012 Olympics.
With development of construction in London, how can response times be improved or maintained?	Please see the response above. Our response times are not usually affected significantly by construction, as we work with our partners to plan for this.
Paramedic pay is said to be £38k. Is this minimum or maximum? What is the range? Is £6.2k London supplement included in this or additional?	Paramedics are paid at Agenda for Change Band 5. In addition to this, depending on what their base station is, they receive a high cost area living enhancement for working in London. For more information on Agenda for Change pay scales please see <a href="http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/agenda-for-change-pay-rates/">http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/agenda-for-change-pay-rates/</a>
Please can we have the spike map re blue light capacity (or lack of) as I asked Ann?	This is not one map, but is something we constantly monitor using our live computer systems. It is changing all the time.
Who is responsible for performance monitoring?	Paul Woodrow is the Director of Performance. A number of individuals and groups monitor performance, however, including our Executive Management Team, Trust Board, and commissioners.
Who commissions LAS? NHS England or local CCGs?	Each of the CCGs in London commissions our services, with one CCG taking the lead on negotiations on behalf of the others.

Question	Answer
Where can we get data about the service in Enfield? (LBE)	Performance data and information is sent monthly to our commissioners at Enfield CCG, and they could be approached to share it with you. More information can be found at: <a href="http://www.londonambulance.nhs.uk/about_us/how_we_are_doing/meeting_our_targets/latest_response_times.aspx">http://www.londonambulance.nhs.uk/about_us/how_we_are_doing/meeting_our_targets/latest_response_times.aspx</a>
What plans / discussions are taking place between the hospital trusts and LAS to improve the queues of ambulances waiting to have patients seen on time? Lessen backlog.	We are constantly monitoring handover times at hospitals, and use Intelligent Conveyance to ensure we do not take additional patients to hospitals which already have queues. We also have Hospital Liaison Officers who attend hospitals in their areas to try and ensure smooth handovers and to minimise delays.
What is the difference between grades of “super paramedics”? Would it be best to have more of them, to enable them to be able to stabilise the situation?	We have introduced a new clinical career structure, providing opportunities for progression for our clinical staff and improving clinical supervision. We currently have three Consultant Paramedics and 12 Advanced Paramedic Practitioners, and are in the process of recruiting the next cohort of 12 Advanced Paramedic Practitioners. We are also introducing Clinical Team Leaders to provide first line supervision. We have just appointed our first group of Senior Paramedics, who will have a role in encouraging use of Appropriate Care Pathways as well as providing front-line care to patients. We plan to recruit more Senior Paramedics in the coming months.
How can you keep staff who are overworked, more stressed, due to change of patient profiles more contact with contagious patients, general stress etc.? Why would they want to work for LAS long term?	We are currently implementing a number of measures with the aim of improving staff retention. These include introducing more career progression opportunities (described above), implementing our Health & Wellbeing Strategy, and engaging with staff regularly to understand the issues and concerns they have. There are a number of other career options now for paramedics, and this is affecting the length of time they stay in ambulance services nationally.
What is happening creating <u>one</u> emergency service, police, paramedics, fire? Rumour or real?	Rumour. This has been mentioned by an individual at the GLA, but there are no plans for it to take place. Our key partners are within other parts of the health and social care system, and we clearly see ourselves as a fundamental part of the NHS.

<b>Question</b>	<b>Answer</b>
How can LAS be a positive pan-London influence to encourage a less fragmented approach?	<p>We regularly link with other pan-London organisations such as the Metropolitan Police, the London Fire Service, NHS England (London) and the Greater London Authority. However, commissioning is now undertaken at a local level and, as a result, in the future it may become more difficult to take a pan-London approach. We are already finding that CCGs across London have different priorities and we need to be able to respond to them. A reduction in fragmentation would need to be a policy decision implemented by NHS England; at the LAS we would not have the power or authority to insist on this and, in any case, it may be better for patients to have local services which address their particular needs and priorities.</p>