

Khadir Meer,

Chief Operating Officer and Deputy CE

London Ambulance Service

khadir.meer@nhs.net

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Dear Khadir, I hope you are well.

We have seen your letter to Andrew Blake-Herbert, Chief Executive of Havering Council regarding the closure of ambulance station across London. We are disappointed that you did not consult the Patients’ Forum for the LAS on this matter, so we are responding to your letter to Andrew with a number of questions. We look forward to receiving your answers and having further discussions with you on the issues we raise below.

1. What evidence is there that the current location of ambulance stations is not fit for purpose? For example, has the current configuration been found deleterious to performance and patient care?
2. How will you ensure that reducing the number of ambulance stations from 68 to 18 stations will not increase the time taken for ambulances to reach critically ill patients? Our experience suggests that even with 68 stations that there are times when the ambulance service fails patients, due to the need to travel long distances to get to patients. This particularly happens early in the morning. *I attach a case study on this matter.*
3. What evidence do you have that performance in categories:C1,C2,C3 & C4 will not deteriorate as a result of the reduction of ambulance stations from 68 to 18? Can West Midlands and South East Coast AS provide evidence of performance improvement as a result of the formation of ‘hub and spoke’ deployment centres?
4. How many strategically located standby points do you plan to establish and what exactly will they consist of?
5. Has there been a preliminary consultation with staff and volunteers on the development of ‘hub and spoke’ deployment centres and if so, can we see their response? Frontline staff will be the best judges of the likely success of the proposed new model. It would be particularly useful to see the responses of staff in the Havering, Romford, Ilford, Hornchurch and Becontree areas.
6. Can you explain why you are not intending to formally consult staff until after you have made your decision? Surely that is not consistent with the basic principles of proper consultation. If a decision has already been made, then a consultation become invalid.
* Consultation must be at a time when proposals are at a formative stage.
* The proposer must give sufficient reasons for its proposals to allow consultees to understand them and respond to them properly.
* Consulters must give [sufficient time](http://davidwolfe.org.uk/wordpress/archives/1148) for responses to be made and considered.
* Responses must be [conscientiously taken into account](http://davidwolfe.org.uk/wordpress/archives/1154) in finalising the decision.
1. Ambulance stations have long been known as centres for the development of teams and strong team spirit. They have also been positive places for staff to develop long-term attachment to the LAS. By closure of most ambulance stations is there a risk of losing that strong caring attachment to the service? 12 hours shifts without linking in with colleagues and providing mutual support could be deleterious to the culture of the LAS.
2. Can you provide data on the improvement of LAS performance over the past year?
3. What steps have you taken to ensure that performance in Romford and Havering will not deteriorate as a result of the large population growth that you anticipate?
4. How will this major transformation of ambulance stations be funded?
* What will be the cost of building the new deployment centres?
* What will be the cost of creating ‘standby points’ and the ‘rest and refreshment’ posts’?
* What income does the LAS expect to receive from the sale of its current ambulance stations?
* Will the LAS be additionally funded by the NHS or other bodies to cover the cost of creating the deployment centres?
1. We are disappointed that you have decided not to consult the public on the major changes you are making to the provision of ambulance services across London. Although you state that you do not believe that the changes you propose will result in a substantial variation in the provision of health services, you have not provided adequate and sufficient evidence to substantiate that opinion. A substantial variation in the provision of services might be demonstrated by the following factors:
* The proposed changes leading to a serious deterioration in LAS performance with regard to your C1,C2,C3,C4 responses to patients.
* Potential harm to patients due to longer times for ambulance crew to reach patients, especially at shift handover times. Early morning being an area of great concern.
* A deterioration in working conditions for front line staff causing many to leave the LAS and resulting in poor responses to patients and a failure to meet performance targets.

 We look forward to hearing from you.

 Yours sincerely

 

 Malcolm Alexander

 Chair Healthwatch Hackney

Copy to: Andrew Blake-Herbert, Chief Executive, London Borough of Havering.

MPs: Diane Abbott, Meg Hilllier, Jon Cruddas, Margaret Hodge, Julia Lopez, Wes Streeting, Andrew Rosindell, John Cryer and Sam Tarry.

Local Healthwatches