

**PATIENT’S FORUM UPDATE – JULY 2017**

**LONDON’S AMBULANCE QUEUING SCANDAL CONTINUES**

**AMBULANCE RESPONSE PROGRAMME ARRIVES**

Thousands of hours are still being wasted by ambulances queuing outside London’s A&E departments. The health of patients is being put at risk, because many are lying on trolleys waiting to get into A&E Departments instead of receiving treatment. Ambulance queuing substantially reduces the resources available to respond to patients waiting for emergency care and puts those patients’ lives at risk. Despite persistent criticisms of London’s ambulance queues over the past two years, the problem persists and is a sign of the failure of NHS England and London’s CCG commissioners to adequately fund hospital services and to ensure there are sufficient beds and staff to meet patients’ needs. Local authorities must also share the blame for failing to ensure that patients can be safety discharged from hospital to home.

The Forum has had considerable concerns about prolonged ambulance queues outside many of London's A&Es for some time. The situation deteriorated towards the end of 2016 and despite some improvement and a great deal of focus on ambulance queuing, the situation remains unacceptable. Instead of receiving immediate care and treatment once they arrive at hospital, many patients are lying in ambulances, sometimes for up to two hours, whilst many other vulnerable patients needing emergency care are forced to wait even longer for ambulances to be freed up. Fifteen minutes are allowed from arrival of the ambulance (wheel-stop) to clinical handover to A&E clinical staff. Wasted hours are calculated from the number of minutes over 15 minutes that ambulances queue outside A&Es.

In the week beginning June 26th 2017, Northwick Park Hospital recorded 103 hours of ambulance queuing, whilst King’s College Hospital recorded 86 hours and the Royal Free Hospital 80 hours.

**HOSPITALS WITH THE WORST QUEUES**

**JULY 3-9th 2017**, patients suffered the longest waits at:

* King’s College Hospital – 102hrs wasted
* Northwick Park – 77hrs
* Royal Free– 73hrs
* UCL – 61hrs

**WASTED HOURS SPENT QUEUING ACROSS LONDON IN 2017 INCLUDED**

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| **2017** | Time spent by ambulance queuing outside A&E |
| Jan 2-8 | 2197 hours |
| Jan 9-15 | 1491 hours |
| Feb 13-19 | 933 hours |
| Mar 13-19 | 1138 hours |
| April 17-23 | 990 hours |
| May 1-7 | 1016 hours |
| June 12-18 | 828 hours |
| July 3-9 | 961 hours |

**WAITS FOR ADMISSION BY INDIVIDUAL PATIENTS TO A&E FROM AMBULANCE**

**A FULL DATA SET IS ATTACHED**

**There were 818 one hour plus breaches in June 2017 – patients waiting over an hour for transfer from ambulance to A&E. These included:**

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| **2017** | **PATIENT WAITED** | **HOSPITAL** |
| May 1 | 2 hrs, 9 minutes | Whipps Cross |
| May 2 | 2hrs, 20 minutes | Northwick Park |
| May 11 | 2hrs, 14 mins | Northwick Park |
| May 16 | 2hrs, 12 mins | Goodmayes - Psychiatric |
| May 23 | 1 hour, 57 mins | Princess Royal |
| June 1 | I hour | Hammersmith Hospital |
| June 2 | 1 hour | Homerton University Hospital |
| June 4 | 1 hour, 55 mins | Ealing Hospital |
| June 10 | 1 hour | Springfield Psychiatric Hospital |
| June 10 | I hour, 10 mins | St Thomas’s Catheter Lab (**Heart attack centre)** |
| June 18 | 2 hrs, 13 mins | Royal London Hospital |
| June 26 | 2 hrs | King’s College Hospital |
| June 27 | 1 hour, 23mins | University College Hospital |
| June 29 | I hour, 32min | Newham General Hospital |
| June 29 | 2 hrs, 10 mins | Barts Hospital Catheter Lab (**Heart attack centre)** |
| June 29 | 1 hr | Charing Cross Hospital |
| July 6 | 3hrs 10 mins | Maudsley – Mental Health |
| July 12 | 1hr 10 mins | St Helier |
| July 15 | 1hr 4 mins | Hammersmith Cath Lab |
| July 18 | 2hrs 15 mins | Royal Free Hospital |
| July 27 | 1 hr 9 mins | Barnet Maternity |
|  |  |  |

Heart Attack Centers used to perform lifesaving angioplasty for patients suffering cardiac arrest and other serious heart conditions. The overall survival rate for patients taken to any Heart Attack Centre in London was 63.3%

**WE HAVE RAISED THIS APPALLING SITUATION WITH:**

The Patients’ Forum has raised this issue with the Mayor of London, the Medical Director for the NHS in London and Professor Keith Willett, Director for Acute Care to NHS England, NHS Improvement and Pauline Cranmer, Assistant Director for the NHS - NW London. We have consistently complained about the totally inappropriate and potentially harmful state of emergency services caused by ambulance queuing - but little has changed.

**DOWNGRADING CATEGORY C TARGET – LONGER WAITS FOR PATIENTS**

Cat C1 and C2 responses provide urgent care and treatment for sick and vulnerable patients e.g. those who are in serious pain including a sickle cell crisis, patients who have fallen or had accidents at home or on the road, and people with mental health problems who may be considering taking an overdose. Some patients needing urgent treatment are waiting hours for treatment.

The arrival target for C1 responses was 20 minutes (90%) and for C2 - 30 minutes (90%). When performance against the 90% target dropped to 63% in 2016, the target was changed. Consequently, by September 2016 a new target was created for C1 responses to patients - response within 45 minutes, but only for 50% of calls, and for C2 responses to arrive within 60 minutes but again only for 50% of calls. These targets are now being achieved for 83% of C calls. **Better responses to the targets, but worse care for patients.**

The target change in September 2016 took place without any public consultation or explanation. We have failed to get any explanation from the LAS, but Dr Kuldhir Johal for the commissioners has replied: “LAS commissioners have never manipulated performance targets and indeed over the last three years commissioners across London have invested almost £80 million in the LAS for performance and quality improvement.”

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| 2016 | TARGETS | COMMENT | NEW TARGETS |
| Category | National Commissioners Targets - NHSE |  |  |
|  |  |  |  |
| Cat A1 | 75% reached with  8 minutes  25% within  19 minutes | We have never been able to find what happened to patients that were not reached within 19 minutes |  |
| Cat A2 | 75% reached with  8 minutes  25% within  19 minutes | We have never been able to find what happened to patients that were not reached within 19 minutes |  |
|  | **LONDON Commissioners Targets - up to August 2016**  **NHSE/London** |  | **LONDON Commissioners Targets from September 2016** |
| Cat C1 | 90% reached within  20 mins |  | 50% reached within 45 minutes |
| Cat C2 | 90% reached within  30 mins |  | 50% reached within 60 minutes |

**NEW NATIONAL TARGETS for AMBULANCE SERVICES? – Ambulance Response Programme**

Current LONDON AMBULANCE SERVICE achievements against national targets are shown below. The Forum has never understood why only 75% of life threatened patients need an 8 minute response (an issue raised by Prof Keogh), or why the LAS is not funded adequately to achieve the A8 and A19 national performance targets, or the pre 2017 Commissioners Cat C targets (about 50% of all urgent/emergency calls).

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|  | **NATIONAL**  **TARGET** | **ACTUAL**  **LAS PERF**  **JULY**  **2017** | **VARIANCE**  **FROM**  **NATIONAL TARGET** | **ACTUAL**  **2016/7** | **IMPROVEMENT**  **SINCE 2016/7** |
| PERFORMANCE A8 | 75% | 63% | 12% | 61.1% | 0.9% |
| PERFORMANCE A19 | 95% | 92.7% | 2.3% | 92.2% | 0.5% |

Sir Bruce Keogh wrote to Jeremy Hunt, Secretary of State (SoS) for Health, on July 13th asking the SoS to support the Ambulance Response Programme (ARP), but failed to articulate a case for the revised targets, except in relation to reducing response time for Cat A1 to 7 minutes instead of 8 minutes, and extending the time for stroke patient from 8 to 17 minutes, to ensure that a vehicle is provided to transport the patient to a stroke centre. The current stroke target is to get a patient to a HASU within 60 minutes of stroke symptoms appearing in 65% of cases (HASU is a Hyperacute Stroke Unit). There is no clarity in the Keogh letter about what will happen to the patients designated at C1 and C2, many of whom are seriously ill and at risk of harm. The new target for Cat 3 is 120 minutes and for Cat 4 , 180 minutes.

In his letter to Jeremy Hunt, Professor Keogh claims that Cat C calls are non-urgent and have no national response target. But Cat C calls are urgent and there are local targets as explained above. Prof Keogh emphasizes the importance of getting the right resource to the patient, e.g. an ambulance for a stroke patient should take them to a HASC (hyper-acute stroke centre) within 18 minutes. Prof Keogh also identifies the problem of the current targets based system, in which the clock stops when a vehicle/responder gets to the patient, rather than when the patient has received the most appropriate response, e.g. a paramedic who can give morphine to a patient in serious pain or a vehicle capable of transporting the patient the right hospital.

Prof Keogh says nothing in his letter (13/7/17) to Jeremy Hunt about the disgraceful ambulance queues caused by underfunding of hospital care, but does criticise multiple vehicles dispatched to the same patient and ambulances being stood down (because they are going to a higher priority patient or because further questioning reveals they aren’t required due to the nature of the call). At least these ambulances are heading towards sick patients rather than forming a long line outside A&E.

The new targets which are expected to be operational by winter 2017 are vague, even though they have apparently been tested on over 14 million patients (with no incidents!!!). They include:

1. More time for assessment of patients by the Emergency Operations Centre
2. All ambulance responses to be covered by national targets (Cat A and Cat C)
3. The clock will stop when the patient has received the right clinical resource
4. 30 second faster responses to Cat A cardiac arrest calls (saving 250 more lives each year)

**THE NEW ARP TARGETS (?)**

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| --- | --- | --- | --- | --- |
| CATEGORY | PERCENTAGE CALLS IN THIS CATEGORY | NATIONAL STANDARD | HOW LONG DOES AS HAVE TO MAKE A DECISION? | WHAT STOPS THE CLOCK |
| CATEGORY 1 | 8% | 7 MINUTES MEAN RESPONSE TIME  15 MINUTES 90TH CENTILE RESPONSE TIME | THE EARLIEST OF –PROBLEM BEING IDENTIFIED  -AMBULANCE DESPATCHED  -30 SECONDS FROM CALL CONNECT | The first ambulance service dispatched emergency responder arriving at the scene of the incident  (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation) |
| CATEGORY 2 | 48% | 18 MINUTES MEAN RESPONSE TIME  40 MINUTES 90TH CENTILE RESPONSE TIME | THE EARLIEST OF –PROBLEM BEING IDENTIFIED  -AMBULANCE DESPATCHED  -240 SECONDS FROM CALL CONNECT | If a patient is transported by  an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service-dispatched emergency responder arriving at the scene of the incident stops the clock. |
| CATEGORY 3 | 34% | 120 MINUTES  90TH CENTILE RESPONSE TIME | THE EARLIEST OF –PROBLEM BEING IDENTIFIED  -AMBULANCE DESPATCHED  -240 SECONDS FROM CALL CONNECT | If a patient is transported by  an emergency vehicle, only  the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service dispatched emergency responder arriving at the scene of the incident stops the clock. |
| CATEGORY 4 | 10% | FOR CATEGORY 4T ONLY  180 MINUTES  90TH CENTILE RESPONSE TIME | FOR CATEGORY 4T ONLY  THE EARLIEST OF –PROBLEM BEING IDENTIFIED  -AMBULANCE DESPATCHED  -240 SECONDS FROM CALL CONNECT | FOR CATEGORY4T ONLY  If a patient is transported by  an emergency vehicle, only  the arrival of the transporting  vehicle stops the clock. |

**OUR RECOMMENDATION TO NHS ENGLAND**

**NHS England must ensure that all ambulance queues are stopped completely during 2017. Resources must be provided to ensure there are adequate numbers of beds and staff to care for patients who require admission to hospital. Discharge arrangements must be radically improved to ensure that no patient is put at risk by delayed discharges.**

**THE FORUM WILL:**

Plan a campaign and action plan to eradicate ambulance queuing in 2017. This should include: close monitoring of ambulance waits; formal letters to Boards of relevant acute Trusts; publication of ambulance queuing figures; briefings to London Councillors and members of the London Assembly; briefing for the Mayor and Dr Sahota, Chair of the London Assembly Health Committee.

**WORST AMBULANCE QUEUES AT LONDON’S A&Es – WASTED HOURS - 2016**

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| MONTH  2016 | DATE | TOTAL HOURS WASTED | A&E - 1 | A&E - 2 | A&E - 3 | Northwick Park |
| February | 15-21 | 1086 hrs | Queen Eliz  127 | North Middx  103 | Princes Royal  102 | Northwick Park  53 |
| March | 14-20 | 1265 hrs | Northwick  121 | North Middx  113 | Queen Eliz  107 | Northwick Park  121 |
| April | 4-10 | 1035 hrs | Barnet  120 | North Middx  96 | Princess Roy  81 | Northwick Park  73 |
| May | 9-15 | 1157 hrs | Northw Park  102 | Princess Royal  93 | North Middx  86 | Northwick Park  102 |
| June | 6-12 | 1085 hrs | North Middx  113 | Queen Eliz  109 | Barnet  109 | Northwick Park  34 |
| July | 18-24 | 949 hrs | Northwick  99 | Princess Royal  89 | Hillingdon  63 | Northwick Park  99 |
| August-Sept | 29 - 4/9 | 795 hrs | North Middx  71 | Royal Free  70 | King’s  69 | Northwick Park  40 |
| September | 19-25 | 817 hrs | Princ Royal  81 | UCH  63 | Royal Free  62 | Northwick Park  45 |
| Sept-October | 26 – 2/10 | 909 hrs | Princ Roy  107 | UCH  77 | Royal Free  74 | Northwick Park  37 |
| October | 10-16 | 1178 hrs | Princ Royal  118 | Barnet  98 | UCH  80 | Northwick Park  50 |
| October | 24-30 | 1050 hrs | Barnet  120 | Royal Free  98 | Princess Roy  94 | Northwick Park  51 |
| November | 14-20 | 1381 hrs | Barnet  178 | Northwick Park  142 | Royal Free  104 | Northwick Park  142 |
| December | 5-12 | 1727 hrs | Northw Park  279 | Queen Eliz  141 | Princess Roy  134 | Northwick Park  279 |

Handover Waits 2016 – Data from Brent CCG – LAS Commissioners