

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

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# REFORMING THE EMERGENCY CARE SYSTEM

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## Report on Patients' Forum Public Meeting

**Monday, 17 July 2023**

Speaker

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**Executive Trustee at HANDS International – the Health and  
Nutrition development Society International**

**Hosted by Healthwatch Hackney**

## SAMAD BILLOO

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[www.handsinternational.org.uk/p/about-hands.html](http://www.handsinternational.org.uk/p/about-hands.html)

After completing his education at post-graduate level, he worked in the fields of Command & Control, Emergency First Response and Emergency Planning in emergency ambulance services.

He is also a specialist in Equality, Diversity & Inclusion (EDI).

Samad is a Trustee of the Muslim Community & Education Centre (Palmers Green Mosque) and North London Asian Care (<https://www.nlac.uk/>)

He has successfully led and delivered international disaster management and health service provision projects, including Reconstruction Project for 320 schools, post-earthquake in Nepal, funded by UNICEF, and provided emergency medical treatment in the Calais Jungle refugee camp in France.

## PATIENTS' FORUM FOR THE LONDON AMBULANCE SERVICE

The Patients' Forum has monitored the LAS and other Urgent and Emergency Care Services across London for 20 years.

Its members are local people who examine services both as users and active lay people. We obtain information we need to monitor health services from many sources including service users, the LAS, LAS Commissioners and NHS service providers across London.

The Forum raises awareness of the needs and views of patients and the public and attempts to place them at the centre of health service decision-making.

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## HEALTHWATCH HACKNEY

Healthwatch Hackney is the local health and care watchdog, with statutory powers to monitor the NHS and adult social care. Its vision is for a borough where health and social care provision is equal and accessible to all; where residents are at the heart of the design, delivery and improvement of health and adult social care.

The ambition of Healthwatch is to improve health and social care provision and outcomes for people in Hackney by working to ensure that both treatment and care are of the highest quality, and are provided with respect and dignity, valuing diversity, encouraging participation and working together. It does this by being the independent champion for residents and people who use services, ensuring the voices of people across the Borough are heard, in order to influence decision makers.

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# CONTENTS

INTRODUCTION	...	...	...	...	...	...	...	...	...	5
THE EMERGENCY CARE SYSTEM	...	...	...	...	...	...	...	...	...	5
WHAT ARE THE SOLUTIONS?	...	...	...	...	...	...	...	...	...	7
QUESTIONS SUBMITTED IN ADVANCE	...	...	...	...	...	...	...	...	...	9
o How do we stop patients waiting in ambulances for hours outside A&E, instead of the 15 minute contractual handover target?	...	...	...	...	...	...	...	...	...	9
o Are more beds the solution?	...	...	...	...	...	...	...	...	...	10
o Do the LAS and local hospitals have enough staff to care for patients requiring Emergency Care?	...	...	...	...	...	...	...	...	...	10
o Is low pay a major problem, resulting in staff shortages in the NHS, LAS and Social Care?	...	...	...	...	...	...	...	...	...	10
o What are the barriers to reforming Emergency Care?	...	...	...	...	...	...	...	...	...	10
o How do we hold the NHS and Government to account for not providing Effective Social Care, which would enable faster discharges?	...	...	...	...	...	...	...	...	...	11
o Can the Unions play a major role in getting hospitals and ICBs to operate more effectively?...	...	...	...	...	...	...	...	...	...	11
QUESTIONS, STATEMENTS AND ANSWERS	...	...	...	...	...	...	...	...	...	12
GLOSSARY	...	...	..	...	...	...	...	...	...	19

# SAMAD BILLOO

## INTRODUCTION

Before taking on the huge topic of 'reforming the Emergency Care system', I should like to reiterate that my remarks - and anything I am speaking about today - are in my personal capacity.

I am not representing any organisation; the views of any organisation; my employer or anybody else in the NHS. Any opinions or information I share, are my own - or are based on publicly available data. I shall be referring to ambulance services, in general, rather to any specific service.

## THE EMERGENCY CARE SERVICE

Emergency Care services in the UK are currently under increasing strain. A&E Departments are experiencing record levels of attendances, and patients are waiting longer for treatment. This is putting a huge strain on the staff resources and leading to concerns about patients' safety. There are a number of complex and inter-related challenges presented to Emergency Care services. These are:

### Increased demand due to the increasing numbers of patients attending A&E

This has been happening for many years and is due to a number of factors:

- An ageing population.
- Increasing social isolation.
- Medical obesity – as we tend to rely upon 'ready meals' and 'fast food'.

### Delayed discharges from Hospital.

Patients are often staying in hospital longer than they need to, owing to a lack of availability of social care to support them at home or in the community. This is blocking A&E capacity and hospital beds, thus preventing other patients from being admitted.

### Insufficient funding.

The NHS has been chronically under-funded for many years, putting a strain on all areas of the service, including Emergency Care.

In 2021-2022, NHS England received a funding increase of approximately £1.9 billion. This was still below the level of funding needed to maintain services at the levels needed at that time.

Year	NHS England Funding	Increase	Decrease
2021/22	157.9 billion	1.9 billion	
2022/23	152.6 billion		5.3 billion
2023/24	155.4 billion	2.8 billion	

<https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget>

### Funding mechanisms are inflexible.

The current funding mechanism for Emergency Care is not flexible enough to meet local needs. Funding is often based upon 'historical' demands, rather than future forecasts planning, leading to areas with rising populations and rising demand being under-funded.

### Staff shortages.

The NHS is facing major staff shortages, and this is particularly acute in emergency medicine. This is leading to an increasing workload for staff, making it difficult to provide safe and effective care.

Data shows that in England, there are currently 124,000 advertised staff vacancies in the NHS. This is about a 10% increase from the same time last year.

The Ambulance Service is particularly affected by staff shortages. In 2022, there was an average of 3,000 vacancies in Ambulance Trusts across England.

The reason for staff shortages are complex, and some of them include:

- Low pay. Salaries are not competitive with other sectors.
- Increased workload. Staff are working long hours and under a lot of pressure.

- Work / life balance. Many staff are finding it difficult to balance their work and their personal lives.
- Stress. The NHS is under a lot of pressure leading to high levels of stress for staff. As a result of severe shortages, staff are having to work longer hours, leading to 'burn-out' and many are either leaving to work abroad, or considering leaving their health based profession.

These problems are leading to increasing concerns for the NHS. The staff shortages are significant and are leading to:

- Longer waiting times for patients
- Reduced access to the services
- Decline in the quality of Emergency Care
- Consequent risk of increased harm to patients

## WHAT ARE THE SOLUTIONS?

There are a number of initiatives underway to reform the Emergency Care system. These include ... and are not limited to:

### Work with GPs and other Primary Care Providers

Reduce the number of unnecessary attendances in urgent and Emergency Care.

### Expand Access to Same Day Urgent Care & Reduce Demand on A&E

Provide more treatment and care in the community, e.g. by providing access to social care through GP Practices.

### Reduce Discharge Delays by Increasing Access to Social Care

This will enable patients to be discharged more quickly and free up beds for patients waiting in Emergency Departments for admission. If care can be provided at home or in the community, discharges can be quicker, leading to shorter stay in Hospitals.

## Increase Funding

The NHS needs to be adequately funded to provide high quality Emergency Care – and this will require a long-term commitment from the Government.

## Reform the funding mechanism.

Funding is currently granted on 'past and historical data' and does not assess and fund future demand on services. Covering future demand will enable greater flexibility and effective responses to local needs, and move away from the current 'blanket' and 'postcode lottery' approaches.

The 'postcode lottery' approach does not work as it tends to benefit areas already identified as having greater need. The areas lacking adequate access to services due to health inequalities are still ignored and deprived.

## Managing the Demand for Emergency Care

This will prevent the system from becoming overwhelmed, and could involve measures such as providing more support for patients with long-term conditions. Unfortunately, the social care system does not cater for patients with these needs and patients end up relying on charitable organisations to provide adequate care.

A typical example: A cancer patient leaves Hospital after long-term treatment and expects social care to be available in the community, which is 'not there'. The patient ends up seeking help from Macmillan Nurses or other such charities.

## Staff Shortages in the NHS

This is a complex challenge. It is essential to ensure that services are able to provide high quality of care for patients in need. Addressing staff shortages is a prime challenge, which will require top-up funding.

## Improve Recruitment and Retention

NHS is constantly recruiting, but the main issue is retention. Strategies need to be improved in order to attract and keep staff. This could involve measures, such as:

- Offering better training and development opportunities.
- Providing more flexible working arrangements to help balance life and work.
- Improving the working environment. The NHS has a huge problems in this area.



## Use of technology

The use of technology to improve efficiency and free up staff time, to enable them to focus on patient care.

This can include efficiency in the use of patients' electronic records. Most ambulance services are now in the position where the staff can tap into the patient's records – with the patient's permission.

## Video consultations and remote monitoring

Some of this is already in use - thanks to the Covid 19 Pandemic. During Lockdown, video consultations went up a step and took off nicely.

## Encourage People to Train for NHS roles

The NHS is not doing enough when it comes to approaching communities to encourage people to train for NHS roles.

This could involve providing more funds and support for training – offering Apprenticeships and working with Schools and Colleges to promote NHS careers. This could also include working with Community and Religious Centres.

This will not only attract and increase the workforce, but would also increase the diversity of NHS organisations, and the NHS as a whole. The NHS will then represent the society it serves and, therefore, match it's population.

## QUESTIONS SUBMITTED IN ADVANCE

How do we stop patients waiting in ambulances for hours outside A&E, instead of the 15-minute contractual handover target?

There are a number of things that can be done to reduce waiting times. Some of these could be:

Significantly improving the flow of patients through A&E Departments, to reduce the number of ambulances waiting to handover patients.

Allocating more resources to ambulance services to enable them to respond to calls more quickly and reduce waiting times for patients.

Working with GPs and primary care to reduce the number of unnecessary ambulance calls. Most ambulance services are now working with GPs through their telephone advice systems and referring patients back to GPs.

#### Are more beds the solution?

More beds are not the only solution to the challenges facing the Emergency Care system. However, it could play a role in reducing waiting times for patients.

It is important to ensure that any 'new' beds are allocated in areas where they are needed the most.

The problem is that the NHS system is very generalist, rather than being specific in targeting areas of greatest need, and ensuring that appropriately qualified staff are allocated to those in greatest need.

#### Do LAS and Hospitals have enough staff to care for patients requiring Emergency Care?

Staff shortages are a huge area of concern for Emergency Care across the NHS.

#### Is low pay a major problem, resulting in staff shortages in the NHS, LAS and Social Care?

Low pay is a major problem in the NHS. We have recently seen – and are currently seeing – NHS staff going through industrial/strike action.

This was initially in the ambulance services, and is now with the Hospital's Junior Doctors. It will probably be the Consultants next!

It is a huge area of concern. It is also a major factor in staff shortages. It is important to increase pay in these sectors in order to make them more attractive to potential recruits.

We know that the Government has 'put its foot down' with 6.5%, but it should do more, because the NHS is the greatest asset of this country.

### What are the barriers to reforming Emergency Care?

There are a number of barriers to reforming Emergency Care. Foremost, it is the financial constraints. The NHS is facing significant financial challenges and this makes it difficult to invest in new initiatives.

There is a lack of 'political will' to reform the emergency system, and this is due to a number of factors, including the complexity of the challenges facing the system – and the fact that there is no easy solution unless the Government shows it has the will to transform the system, by ensuring that funding is adequate.

I think that there are political parties that would rather privatise the NHS and are therefore resistant to reforming the Emergency Care system.

### How do we hold the NHS and Government to account for not providing effective Social Care and enabling faster discharges?

The public and organisations - like this Patients' Forum - and other charitable organisations, can hold the Government and the NHS to account for not providing effective social care, and not enabling faster discharges.

This can be done by working with politicians who support reform of the social care system. It is in our hands. We can look at their Manifestos, pledges and promises.

It is my view that the Tories have 'had their time' – and they have done much damage to the NHS! It is time to change! We can contact our local MPs and Councillors to raise concerns about local social care, and complain to the NHS about our personal experiences in using of the Emergency Care system.

We have all used the services provided by the NHS and, if there are any issues, we must raise them.

### Can the Unions play a major role in getting Hospitals and ICBs to operate more effectively?

Unions have a huge role to play in getting Hospitals and ICBs to operate more effectively, by negotiating for better pay and conditions for the staff. This will help to attract and retain staff and make the Emergency Care system more appealing to potential recruits.

Trade Unions can challenge core working practices and, by doing so, will improve the working environment leading to better patients' safety and best practice.

Engaging staff in 'decision-making' is one of the best things Unions have done. Inclusion is a massive area and can lead to significant service improvements.

As a Trade Unionist, we ask staff who are on the frontline, 'how do we change, because you are the face of the public, being with patients day-in and day-out?'

Staff interact with service users and get a great deal of feedback, and they therefore, have many ideas to improve the system.

We get regular feedback from our members in frontline-facing services, whether it is hospitals or ambulance services, or the social care system. We advocate for patients by improving working conditions for staff who are NHS employees.

Emergency Care in the NHS is facing a number of challenges and there a number of initiatives underway to reform the system, hopefully.

In the coming days, months and years, we can continue to challenge ambulance services and advocate for patients and staff to make the system more robust and better for our patients.

## QUESTIONS, STATEMENTS AND ANSWERS

### MALCOLM ALEXANDER

I was looking at the data for handovers in excess of 30 minutes, and the data across London varies enormously, from Whipps Cross and Queens Romford where they have got huge numbers of patients waiting over 30 minutes for handovers to A&E. At the Homerton with very low figures at about 3%, and Chelsea and Westminster at 2%.

Homerton uses a system called ParaDoc, in which a Doctor, a GP and a Paramedic work together and try to reduce the number of patients going into the A&E Department, by visiting at home to see if there are alternative arrangements that can be made.

I wonder if you are familiar with the ParaDoc system and whether you have any views on how it is impacting upon reducing the number of patients waiting for long periods?

### SAMAD BILLOO

This is all dependent upon one of the options to improve the service being 'local initiatives'. One of those ideas in the Homerton area is that the GP and the Paramedic work together and this seems to be operating well.

So, are the other CCGs, or Commissioners willing to look at such best practices? This is one of the biggest problems with the NHS, if there is a best practice, it is often not shared. Or, if it is shared, there is a lack of willingness for one reason or another. It is the lack of political will, lack of challenges from vested interests and, therefore, not wanting to implement best practice.

#### ALAN ALEXANDER

I wondered whether you could say more about the stress relief that you mentioned in relation to the retention of frontline staff? I am wondering if there is a root there for retaining staff, and what you suggest stress relief would entail?

#### Samad Billoo

Obviously pay would be a major factor. We all go to work for a reason – for our livelihood and ability to feed our families.

Unfortunately, the Government sees the NHS employees as robots who do not need to live and feed their families! However, we are all human beings and need to be looked after.

Once you start getting a decent salary, the staffing will improve - human resourcing will improve and the working environment will, therefore, improve. Consequently, there will be less pressure on each individual, clinician or service provider ... and this will reduce the stress and there will be more 'wellbeing' available at hand.

When I started working 25/26 years ago, demands were less and the resources were ample to cope with that demand. In a business model sense, you can see that the demand has now risen and the supplies should rise accordingly.

What is happening in the NHS is that the demand has 'risen and risen' over the years, but the supply has remained more or less the same – or maybe improved a bit. The demand has gone up, but the supply is still low.

Once we match those two together, the stress will go down automatically, because the working conditions will improve, the pay will improve and everything else feeds into being a stress-reliever.

This will ensure a parity of demand and supply, as seen with most large organisations.

## JAMES GUEST

Morale is coming over as a really key issue.

1. What Annual Staff Surveys are there and how comprehensive are they – and is somebody producing analyses that track trends over time?
2. Are there 'Leaver Surveys' - and are they sent to 100% of leavers?
3. Are these Surveys conducted by independent organisations?

## Samad Billoo

Unfortunately, I do not have this data to hand. I have not looked into this. As an independent person, I should love to go into those details, if I can. Moving forward, I should start looking into this type of data.

## James Guest

The reason for the second question is a memory back to when I started training in 1970, there was a guy on the same training course who had left the Inland Revenue, and he actually showed me a survey that he had been sent by the organisation.

Back then, the Inland Revenue was worried about losing so many Trainee Inspectors, and commissioned a survey at that time. I am sure that these techniques have continued and been perfected.

## Samad Billoo

I am aware that most NHS Trusts are undertaking 'leaver's interviews' and gathering data on the reasons why people are leaving the NHS. I would not have that data to hand.

In my perspective, the main reason for people who are currently leaving the NHS, is the lack of sufficient pay and, obviously, the stresses within the service due to staff shortages.

## GRAEME CRAWFORD

I have not heard anything about 'artificial intelligence' (AI). This could be brought into use to alleviate the staff shortages and the dire need for extra help, at an appropriate time.

## Samad Billoo

That is a good thought and a valid point. I am aware that, in the United States, artificial intelligence is being looked at as an alternative – or an aid to the physical presence of clinicians and to clinical knowledge. This will take many years to attain.

Artificial intelligence can be an aid and, as I mentioned, the use of technology can improve efficiency. It is one of the ways to video conferencing and telephone consultations with your Clinician. I think that that is the way forward, but solely relying upon artificial intelligence is not an option.

Using artificial intelligence as an aid to take on some of the Clinician's administrative tasks, would be a really handy tool. This could free the Clinician from these tasks in order to dedicate their time to the patients.

## MALCOLM ALEXANDER

There is a plan to try to offload as many patients as possible into the areas around the A&E Departments.

One of the London Ambulance Service's plans is that, after 45 minutes of waiting to get into an A&E Department, to then hand over the patient - even though that is not the usual format of clinical handover.

What do people think about this plan?

I know that when we had a meeting recently, the whole idea about leaving patients (in some areas in tents) around A&E Departments, was decried by the spokesperson from the Royal College of Emergency Medicine, stating that it would be really inappropriate and harmful ... and would actually put more pressure on staff.

## SISTER JOSEPHINE UDIE

One of the issues that you have talked about is working with local organisations.

The London Ambulance Service, for example, does not work hand-in-hand with the NHS and Social Care. The main issue is when you talk about the increased challenges – the ageing population, obesity, delayed discharges because of lack of social and community care. I work at a Hospital, at the moment, and I am told that there are so many alternative pathways in the community to address all these issues. I should like to know where the problems are? Who is monitoring what? We do not seem to know what is going on.

Samad Billoo

That is the problem. The lack of co-operation and co-ordination. We are told that there are '101 pathways', but when we go out into the community, we do not find them – or they do not have the resources.

If I set up a charitable organisation, for example, with ten people and they do not know who is responsible for what, then we paint the picture of the NHS. This is the issue. There are a number of providers that are either not linked together, or not to the NHS for one reason or another.

I am not saying that Hospitals and other Trusts do not have these additional pathways, but there is a lack of them ... and there is more need for collaboration and working together – as with the ParaDoc service in one area, but not in other areas.

Best practice is not being shared and discussed. Either they are not meeting regularly to discuss these things, or they are not looking at each others' best practice.

JAMES GUEST

Some ambulance patients are 'regular' patients. To what extent may they be a consequence of premature hospital discharges, and problems re-occurring back at home leading to them having to come back in to A&E?

What is the nature of the high frequency users? Is there anything that underlines that? I wondered if you have experienced frequent users (especially those with mental health issues who telephone in regularly), and how much that might relate to the Hospital trying to prematurely discharge patients who really need to be staying for just a little bit longer. This comes back to the shortage of hospital beds and the wrap around care at home etc.

Samad Billoo

There is no particular answer to that. This is 'across the board' in the NHS and this boils back down to lack of patient care in the community.

If there was better care in the community – whether it is the Hospital attendance, the GPs or calling ambulances on a regular basis, if we had the system that they once had when the NHS was good at it, somewhere along the line we have lost this from our system.



If there were care in the community for those individuals, because you cannot make assumptions on them being regular for no reason – there has to be a reason for someone regularly relying on visiting a GP, Hospital or calling an ambulance. If we had a system in place – as we used to have - then that would negate that need of regular visits or call-outs.

Today, care in the community is lacking and has gone missing.

#### ALAN ALEXANDER

I am hoping that the lack of response to there being tents pitched outside A&E, is just due to people being 'stung' by the whole idea that they could be moved outside – from the corridors to the open air!

#### GRAEME CRAWFORD

My experience of 'foreign options', is based on my fiancée in Brazil (she passed away last year from Cancer – a very lengthy and unfortunate experience). She was discharged quite quickly - not carelessly, but quickly back to her son and daughter, and this goes back to 'care in the community'.

There should be more willingness, on the part of families, to take up the slack. There should be more occasions where families can step in.

It does worry me that, perhaps, it is an easier option to send relatives to hospital, when another option is open.

#### GEORGINA TAYLOR

Is there anything that can be done to improve social care?

#### Samad Billoo

Social care has gone away from our communities because of the lack of pay. A lot of private funding is being given away to private organisations who pay less and less, because they are profit making organisations, unlike the NHS.

If the NHS were to keep everything within the NHS, it would be much better. It was working, to its perfection, many years ago.

Somehow, somewhere, Politicians made the wrong decisions to attract more funding from private organisations, knowing full well that they are going to be making profits from this and then not re-investing those profits back into the public services to make it better for patients.

This is the consequence we face for that wrong decision making. If they made a decision to somehow make it work, then social care would work, and staff would be paid properly and the organisations would make less profits.

Malcolm Alexander

Is it not the case that it is likely for social care to deteriorate further because they are trying to prevent workers from coming in from European countries, who were previously supporting the system? By reducing the number of workers coming in from other countries, then the situation is likely to get worse.

Samad Billoo

I think so, yes. The situation can get worse unless we are able to increase the number of people working in this NHS system. We need to rely upon international resources and, if we do not, we shall see a decline.

The NHS has always relied upon the the services of people from other countries. Until we are able to produce – by whatever means possible – the number of resources required here in the UK, then we must rely upon the overseas resources.

## GLOSSARY

A&E	Accident and Emergency Department
DTA	Decision to Admit
ECD	Emergency Care Department
G&A	General and Acute Beds
GMC	General Medical Council
ICBs	Intergrated Care Boards
NMC	Nursing and Midwifery Council
OOH	Out of Hours
SDEC	Same Day Emergency Care