****

**DRAFT**

**PATIENTS’ FORUM PRIORITIES FOR 2019**

1. **Introduce a traffic light system for Forum priorities to monitor progress and share progress and outcomes with LAS, Commissioners, CQC and NHS Improvement.**
2. **Invite Heather Lawrence and Garrett Emmerson to address the Forum on the aspirations of the LAS in relation to leadership, governance, patient empowerment, empowerment of front line staff, cultural change, delivery of the LAS strategy and the influence of the LAS within the STP network.**

**3.0 AMBULANCE QUEUES ARE A MAJOR PROBLEM IN LONDON**

**3.1 PRIORITY ONE**

The Forum held a public meeting at City Hall in 2018 to highlight

unacceptable delays for ambulance crew discharging patients to London

A&E departments.

In 2017 about 1000 hours of ambulance time were wasted each week as a result

of discharges to A&E that took more than 15 minutes (the designated time). In

November 2018, 5345 hours were wasted (handovers in excess of 15 minutes).

In the same month 6384 patients waited 30 minutes for handover and 635

patients waited 60 minutes or more for handover.

It was noted that blocked beds were often due to a shortage of appropriate

services in the community, as well as the ‘revolving door’ phenomenon, where

patients are discharged and readmitted within days or weeks, because of poor

discharge or deterioration. It was suggested that a 7 day discharge service is

needed. The worst hospitals for queues to A&E in November 2018 were:

Queen’s Romford (2453 hours), Croydon (1733), North Middlesex and St

Georges (1546), Whipp’s Cross (1503) and Newham (1439).

Noted that some Healthwatches have carried out A&E surveys. Agreed to

request copies of their reports on these visits.

Noted that the original ARP targets, e.g. level 2 (18 minutes) in practice are

sometimes extended up to 40 minutes.

**3.2 ACTION PLAN**

**a) Publicise comparative data pan-London, and by hospital, over**

**the past three years showing where improvements are taking place and**

**highlighting areas where the situation is getting worse.**

**b) Invite the Medical Director for NHS London Regional Medical Director,**

**Dr Vin Diwakar, the NHSE Medical Director for Emergency Care, Professor**

**Keith Willett, and a member of the Sheffield University specialist ARP**

**Group, to address the Forum meeting on further actions to address the**

**major issue of handover delays and the relevance of ARP. Involve Age UK**

**and the Royal College of Emergency Medicine. Consider the impact of the**

**Green Paper on Social Care on hospital discharge and bed blocking.**

**LAS CONTACT: Trisha and Paul Woodrow. FORUM LEAD: Malcolm**

**Alexander, James Guest.**

**4.0 ACCESS TO PRISONS AND SECURE ENVIRONMENTS FOR THE LAS**

**FRONT LINE STAFF**

**4.1 PRIORITY TWO**

The Forum has received several reports from paramedics of long delays in

gaining access to patients requiring emergency care in prisons. No

information is available from the LAS on the time taken from arrival at prisons to

the time when the patient is seen. Long delays are reported also when

ambulances leave secure environments. There is an MoU between the LAS and

the prison service, but it is not clear if this is being implemented – it does not

include institutions other than the prison service, e.g. Immigration Removal

Centres and Youth Offender centres are not included.

**ACTION PLAN**

**The issue of access to patients in the secure environment will be raised**

**with Prison’s Minister Rory Stewart. A meeting will be arranged with the**

**head of prison health in NHS England, Kate Davies. Arrangements will be**

**made with the LAS to monitor implementation of the MoU and to request**

**inclusion of all secure environments within the document. Visits will also**

**be arranged to prisons to get a closer look at problems within secure**

**environments. FOI Act requests will be sent to prisons to gather more**

**information about access arrangements for emergency ambulance**

**services. LAS CONTACT: Lyn Sugg. FORUM LEAD: MA**

**5.0 MONITORING EOC AND 111 SERVICES**

**5.1PRIORITY THREE**

Forum members carry out annual visits to the EOC at Waterloo and Bow. The

objective of these visits is to gain a detailed and deep understanding of the

work of the EOC, and to consider whether there are recommendations that

the Forum should propose to bring about service improvements for people who

call the EOC and patients for whom calls are made. The visits will in future

be thematic, e.g. in 2019 the focus will be on responses to calls made in

relation to patients in a mental health crisis. These monitoring visits will be

extended to 111 services in south east London in 2019, and possibly to the

north east London 111 service.

**5.2 ACTION PLAN**

**Invite members to participate in visits to EOC, ensure members are fully**

**briefed before visits and have sample questions to use during the visits.**

**Members will be invited to attend visits at both Bow and Waterloo and**

**produce short reports on their findings and recommendations for service**

**improvement. LAS CONTACT: Pauline Cranmer.**

**A similar approach will be used for 111 visits but in addition focus groups**

**will be promoted for service users to enable them to provide more**

**information about their experience of the 111 service. Members working**

**with other 111 services will be invited to advise on the development of**

**effective PPI in the LAS 111 services. LAS CONTACT: Tracy Pidgeon.**

**6.0 TRAFFIC DENSITY**

**6.1 PRIORITY FOUR**

There is little information about the impact of traffic density and cycle lanes on

the speed of ambulances attending emergency calls, e.g. responses to cardiac

arrests and strokes. The Mayor claims that cycle lanes do not slow down

traffic and states that it is the volume of delivery vans in London which is the

greatest impediment to ambulance speed.

**6.2 ACTION PLAN**

**Press the LAS and Mayor to produce data on the impact of traffic flows**

**and road restrictions on the speed of arrival of ambulances over recent**

**years. Request plans to increase the speed of ambulance movement and**

**arrival to meet the needs of seriously ill patients.**

**LAS CONTACT: Rachel Fothergill for the clinical research base**

**and Paul Woodrow.**

**7.0 COMPLAINTS CHARTER & COMPLAINTS INVESTIGATION**

**7.1 PRIORITY FIVE**

The LAS Complaints Charter was completed in 2017 and is attached.

Managers in the LAS have not distributed the Charter to complainants or

to LAS members and have declined to do so. The Charter is available on

the LAS website but is invisible unless the viewer notices the following

sentence: “Please also see our complaints charter, developed with our

Patients’ Forum for more details of our approach to managing complaints.”

The Forum is working closely with the LAS Chair, complaint’s and quality

teams, to carry out monthly joint audits of complaints. We will 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.

**7.2 ACTION PLAN**

The Forum is currently raising this issue with the LAS Chair, Heather Lawrence,

Trisha Bain, Chief Quality Officer and the LAS Communications

Department. The Charter will be shared with the CQC and You and Yours.

A team of 3 or 4 Forum members will examine a sample of complaints each

month jointly with Heather Lawrence, Kaajal Chotai, Deputy Director of

Quality, Governance and Assurance and Gary Bassett, Head of Complaints.

Recommendations will be made, where appropriate, to improve the outcome of

complaints investigations and to show how service improvements can be

implemented as a result of complaints investigations. We will also propose

methods for gathering responses from complainants on the outcome of their

complaint.

**LAS CONTACTS: Heather Lawrence, Kaajal Chotai and Gary Bassett**

**FORUM LEADS: Beulah East, Angela Cross-Durrant, Adrian Dodd and**

**Malcolm Alexander**

**8.0 BARIATRIC CARE**

**8.1 PRIORITY SIX**

The CQC in their inspection noted weaknesses in the quality and effectiveness

of the service provided to bariatric patients. The Forum has raised this issue

continuously with the LAS and plans were being developed to ensure that

bariatric care meets the needs of patients. However, although plans were

presented to the Executive Team of the LAS, the Forum has been unable to

identify any developments in this service.

The LAS has no data on the size of the bariatric population or on the most

effective way of meeting their needs. The number of patients in this

category is not known, despite the fact that each time a bariatric vehicle is

sent to a patient this is done on a contractual basis with St John’s Ambulance.

Data on the specific needs of this group of patients is not held in the EOC, so

delays in receiving emergency care are likely, because a general ambulance is

sent to the patient initially and the crew may then have to call for a bariatric

vehicle to take the person to hospital.

In addition there are concerns that staff, unless provided with the right

vehicles and equipment, are at risk of back injuries when carrying

bariatric patients – this problem may particularly affect older staff. Such injuries

are very common amongst front line ambulance staff.

**8.2 ACTION PLAN**

**Invite Paul Woodrow, Director of Operations to a public meeting of the**

**Forum to discuss the development of the bariatric care service. Invite the**

**LAS trade unions to attend in relation to staff health issues, and CARU**

**to share information they have on the care of bariatric patients. Involve**

**Natalie Teich who represents the Forum on CARU committees.**

**Advise the CQC about the bariatric care meeting and formally request the**

**following information and data from the LAS:**

**a) Current plan for bariatric care development;**

**b) Cost of the service purchased from St John’s;**

**c) Data on use of the bariatric care service;**

**Ask St John’s if they have data on use of the bariatric care services for**

**London, and formally request that the LAS writes to these patients to get**

**their agreement to gather views about their experience of the service.**

**9.0 MENTAL HEALTH CARE**

**9.1 PRIORITY SEVEN**

Mental health care is a strategic priority for the LAS and they have six mental

health nurses who work in the EOC, plus a mental health nurse manager. They

have recently introduced a pilot mental health car, with a nurse and paramedic

to respond to patients in mental health crisis.

Staff now have IPADs and should be able to access information about a

patient’s mental and physical health history. A mental health event is being

planned by the LAS called ‘Whose Shoes’ in February, and have requested a

maximum of two Forum members to attend.

**9.2 ACTION PLAN**

**The Forum will hold two meetings each year to review the progress made**

**by the LAS in the implementation of their strategy. Other strategic**

**priorities are the care of people who have fallen, maternity care and end of**

**life care.**

**In 2019 the Forum will focus on how the LAS responds to the**

**needs of young people and children who are suffering a mental health**

**crisis, including the safeguarding procedures for young people and**

**collaborative work with CAMS.**

**Other areas of focus in 2019 will be ensuring access to Patient Specific**

**Protocols (PSPs) and care plans, promoting patient autonomy,**

**focusing on the development of appropriate hospital environments to**

**receive patients requiring mental health crisis care and hearing the voices**

**of patients who have received LAS care when in a mental health crisis.**

**LAS CONTACTS: Carly Lynch, Ginika Achokwu,**

**FORUM LEADS: Malcolm Alexander, Charli Mitchell (Mind)**

**10.0 END OF LIFE CARE**

**10.1 PRIORITY EIGHT**

End of Life Care is one of the LAS’s five strategic Pioneer Services and a high

priority for the Forum. We share the LAS’s objective to have a more specialised

response from staff with greater expertise, so that better care can be provided.

EoLC proposed developments include enhancing the skills and knowledge of all

front line staff, improved care pathways for patients in the last phase of life,

supporting patients with a plan to receive their care at home or in a community

setting, avoiding unnecessary conveyance to hospital by improving access to ‘at

home’ medications and building specialist teams to support symptom

management. These approaches are being developed alongside Single Point

of Access arrangements, including for example which local hospices or

nursing homes can take patients at end of life rather than choosing A&E.

**10.2 ACTION PLAN**

**The Forum will work closely with the clinical and evaluation team for End**

**of Life Care, which is funded by Macmillan for two years. We shall monitor**

**the enhanced education and training of front line staff in end of life care,**

**and particularly focus on each staff group getting appropriate training for**

**their grade and skill set. We shall also focus on the effectiveness of**

**Connect my Care (CmC) and Patient Specific Protocols (PSPs) in relation**

**to their role in ensuring patients get the right care first time. We shall**

**develop methods for getting feedback from carers regarding the**

**effectiveness of LAS EoL care. The Forum will also contribute to the LAS**

**conference on EoLC on March 2019 which will be an opportunity to share**

**best practice.**

**LAS CONTACTS: EoL team. FORUM LEAD: Angela Cross Durrant**

**11.0 SICKLE CELL DISORDERS**

**11.1 PRIORITY NINE**

Since the start of the Forum’s sickle cell campaign with the LAS, there has

been significant progress in relation to statutory training and the experience of

patients with sickle cell disorders, who have received care from the LAS.

Work continues with the Sickle Cell Society and the LAS Academy in

relation to pain control for children and young people, and production a staff

training video which should be available in 2019.

**ACTION PLAN**

**The main priority in 2019 will be to ensure that staff training in relation to**

**sickle cell disorders is kept up to date, and working with CARU, who we**

**hope will carry out a new survey of people with sickle cell disorders who**

**have used LAS services. The Forum will also ensure that people with sickle**

**cell disorders, who have complex needs are aware of how they can**

**establish a Patient Specific Protocol with the LAS, through our link**

**with the Sickle Cell Society.**

**12.0 STROKE CARE**

**12.1 PRIORITY TEN**

The Forum’s lead on stroke care Courtney Grant worked with the LAS

medical directorate in 2018 on the production of a staff training video

(to be placed on Forum website) to assist in the diagnosis of stroke

including the importance of identifying asphasia as a diagnostic

determinant of stroke.

When benchmarked against the other ambulance services in England, the LAS

attends and transports patients who have had a STEMI or stroke very quickly,

but compared to other ambulance services there are delays in delivery of the

stroke care bundle. The LAS believe this is an issue of recording data rather than

delivery of care. See table below.

See LAS Stroke Care Pack (monthly) and the Clinical Audit Annual Report

for 2017-18 Published July 2018

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcome from stroke**  a) Face Arm Speech Test (FAST) positive stroke patients potentially eligible for thrombolysis, who arrive at a hyper acute stroke centre within 60 minutes of call.  b) Care bundle delivered  (includes assessment of FAST, blood pressure and blood glucose) | **National**  **Average**  a) 49.3%  b) 97.1% | **LAS**  **Performance**  **2017-18**  a) 60.4%  b) 96.4% | **LAS National Ranking**  a) 2nd  b) 8th |

**12.2 ACTION PLAN**

**In 2019 we will continue to focus on the effective training of staff in the diagnosis of stroke and the roll out of the stroke video to all front line staff. We shall also explore with the LAS how they can improve the delivery of the stroke care bundle and their national rating in its delivery. LAS CONTACT: CARU & the Medical Directorate FORUM LEADS: Courtney Grant and Natalie Teich**

**13.0 RACE EQUALITY IN THE LAS**

**13.1 PRIORITY 11**

The LAS is now committed to race equality and demonstrates this though policy and strategy at the Board, Chair and Chief Executive levels. The LAS equality consultant is fully committed to transforming the LAS into a racially diverse organization that reflects the diversity of London. The LAS accepted the Forum recommendation for a race equality annual VIP award and this he has been implemented.

LAS Board NEDS lack racial diversity and the percentage of paramedics from a BME heritage has decreased from 7% to 6% 2017-2018. There are very few Emergency Ambulance Crew from a BME heritage and during our interaction with trainees at the LAS Academy we meet very few staff from a BME heritage.

**13.2 ACTION PLAN**

**The Forum will establish a Race Equality Task Group to monitoring and support to development of race equality in all areas of LAS recruitment, staffing, governance and patient care.** Data will be collected from comparable **organizations across London where greater progress has been made and evidence on progress collected from the Metropolitan Police, Fire Brigade and local authorities. The terms of reference for the group are as follows:**

**Terms of Reference**

1.    To carry out, identify and research into organisation that have significantly increased the percentage of people from BME heritages on Boards and in their workforce;

2.     To invite the LAS to identify representatives to join the Task Group, including a representative of front line staff;

3.     To include in the bodies identified as having enhanced equality and diversity in their workforce, other ambulance services, the fire services and police forces, and other public sector organisations;

4.     To liaise with representatives of organisations that have made significant progress with the achievement of E&D to learn of processes, procedures and any training used;

5.     To establish exemplars of good practice that have succeeded in achieving raised recruitment/promotion of people from BME heritages;

6.     To produce a detailed report, containing examples of processes, practices, data, etc., that can be referred to in terms of successes achieved;

7.       To produce recommendations that contribute to the LAS's current attempts to increase the percentage of employees, particularly front-line employees, Board Members and others from BME heritages to reflect better London's population.

**LAS CONTACT: Melissa Berry**

**FORUM LEADS: Dora Dixon-Fyle, Audrey Lucas, Beulah East**

**14.0 RESPONDING TO THE NEEDS OF HEAVILY INTOXICATED PATIENTS**

**14.1 PRIORITY 12**

The Forum made a request to the Clinical Quality Review Group (CQRG) regarding the implementation of a service to ensure that heavily intoxicated patients receive safe care and only go to A&E when this is necessary. Despite the legal duty of the CCG to respond we were unable to get any response until we submitted an FOI. Sister Josephine, a Vice Chair, also raised this issue at the LAS AGM. No review papers of the pros and cons of such a service has been made available and it appears there has been no objective clinical analysis to assess possible benefits. Such a development would be consistent with the NHSE 10 Year Plan published on January 7th 2019

The Forum contacted Mark Docherty for information about the approach used in the West Midlands Ambulance Service (WMAS) who replied:

“We will be running our service across the festive period in Broad Street, Birmingham. I haven't got any published evidence on this, but I do recall that there was an evaluation of the Soho Alcohol Recovery Centre (SARC) when I worked in London; my memory is that the evidence is that they are very cost effective, it's the funding mechanisms that don't work, particularly for somewhere like London - the Central London CCGs funded the SARC, but many of the people that benefitted from the service weren't from the CCG area, so the funding CCG didn't benefit from the investment.  I notice there is some central funding available to bid against, though timeframes are very short - I will send details to you.  Link to the All Party Parliamentary Group on Alcohol Harm: <http://www.ias.org.uk/uploads/pdf/HSR/TheFrontlineBattle.pdf>

**14.2 ACTION PLAN**

a) Obtain copy of review of the Soho Alcohol Recovery Centre (SARC) and CARU review documents.

b) Enquire from NHSE re national funding of alcohol recovery projects.

c) Contact All Party Parliamentary Group on Alcohol Harm to seek their advice on

the role of ambulance services on recovery from alcohol intoxication.

d) Request information from A&E departments on the impact of heavily intoxicated patients on service delivery.

e) Ask LAS how their ‘leave at scene policy relates to heavily intoxicated patients’.

f) Produce a report on the benefits and disadvantages of alcohol recovery projects.

**LAS CONTACT: Angela Flaherty, Director of Strategy (re leave at scene), Fenella Wrigley, Medical Director.**

**FORUM LEADS**

**15.0 DEFIBRILLATOR INSTALLATION**

**15.1 PRIORITY 13**

After the successful campaign with Sainsbury’s and John Lewis to install defibrillators the Forum attempted to influence Boots to install but this campaign has so far failed because of the intransigence of the UK leadership of Boots. The Forum successfully continued the campaign with other bodies, e.g. the English Martyrs Church in Southwark and a Lambeth Community organisation: ‘We are 336’.

Partly as a result of the Forum’s interaction with Public Health England, the Mayor of London gave a speech on October 16th promoting the training of people in London in CPR – however he did not mention the use of defibrillators. The Mayor has also been asked by Dr Onkah Sahota to support activities around Maria Caulfield’s defibrillator Bill which returned to the Commons on January 25th.

The Forum has produced a new publication Resuscitation News, to advise the community on legal issues associated with the installation and use of defibrillators, and has also worked with the LAS to train 20 members in CPR and the use of defibrillators.

**15.2 ACTION PLAN**

The Forum is now campaigning to support the Defibrillator Bill which is being put to the House of Commons on January 25th for its second reading. We will continue to support the Bill on its passage through the Commons and Lords and continue our campaign to encourage schools to install defibrillators and train school children in their use.

**LAS CONTACT: Chris Hartley-Sharpe**

**FORUM LEADS: Malcolm Alexander, Joseph Healy, Dora Dixon-Fyle.**