

**PATIENTS’ FORUM PRIORITIES FOR 2019**

**Final version**

**Action one:**

**Introduce a traffic light system for Forum priorities to monitor progress and share progress and outcomes with Forum members, Healthwatch, LAS, LAS Commissioners, CQC and NHS Improvement.**

**Action two:**

**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.**

**Action three:**

**In view of the increasing range of issues being prioritized by the Forum, we will submit bids for funding, to ensure that the Forum has the administrative and research capacity to campaign more effectively to achieve our objectives.**

**PRIORITY ONE**

* 1. **AMBULANCE QUEUES CONTINUE TO BE A MAJOR RISK FOR PATIENT SAFETY IN LONDON**
  2. 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.

A shortage of beds is a major cause of ambulance queuing. Blocked beds are

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 arrangements or deterioration

of the patients health. A 7 day effective discharge service is urgently needed.

The worst A&E hospitals queues in November 2018 were: Queen’s in

Romford (2453 hours), Croydon (1733), North Middlesex and St Georges (1546),

Whipp’s Cross (1503) and Newham (1439).

Some Healthwatches have carried out A&E visits and surveys and their reports

will be used to support the development of our evidence base.

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

sometimes extended up to 40 minutes.

* 1. **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. The ‘London**

**Casualty Waits Bulletin’ will be produced bi-monthly.**

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

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

**Keith Willett; a member of the Sheffield University specialist ARP**

**Group and David Prentice, Royal College of Emergency Medicine to**

**address the Forum meeting on further actions to address the major issue**

**of handover delays and the relevance of ARP. Involve Age UK, Diabetes**

**UK, Mind and the Sickle Cell Society.**

**c) Consider the impact of the imminent Green Paper on Social Care on**

**hospital discharge and bed blocking.**

**LAS CONTACT: Trisha Bain and Paul Woodrow.**

**FORUM LEADS: Malcolm Alexander, James Guest, Joseph Healy.**

**PRIORITY TWO**

**2.0 ACCESS TO THE SECURE ENVIRONMENTS FOR LAS FRONT LINE STAFF**

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

gaining access to patients requiring emergency care in prisons, including

patients who have self-harmed. No data is available from the LAS on the time

taken from arrival at prisons to the time when the patient is seen. Long delays

are also reported 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.

**2.2 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 get a closer look at problems within secure environments.**

**FOI Act requests have been sent to Governors & managers of all secure**

**environment establishments in London to gather more information about**

**access arrangements for emergency ambulance services.**

**LAS CONTACT: Lyn Sugg**

**FORUM LEADS: David Payne and MA**

**PRIORITY THREE**

**3.0 MONITORING EOC AND 111 SERVICES**

**3.1** 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 (including suicidal ideation). These

monitoring visits will be extended to 111 services in south east London in March

2019, and possibly to the north east London 111 service.

**3.2 ACTION PLAN**

**Members have been invited to participate in visits to EOC. We will ensure**

**members are fully briefed and have sample questions to use during these**

**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.**

**FORUM LEADS: EXECUTIVE COMMITTEE**

**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.**

**FORUM ADVISERS: NATALIE TEICH, ELAINA ARKEOOL, JAN MARRIOTT**

**PRIORITY FOUR**

**4.0 COMPLAINTS CHARTER & COMPLAINTS INVESTIGATION**

**4.1** 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.”

We are very pleased that the Charter will now be referred to in

acknowledgement letters to complainants. We will continue to campaign for

greater access for people considering making complaints, because the Charter

provides critical and very positive assurances to people who wish to make

complaints.

The Forum is working closely with the LAS Chair, Kaajal Chotai and Gary

Bassett from the complaint’s and quality teams, to carry out monthly joint audits

of complaints. We will jointly 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.

**4.2 ACTION PLAN**

The Forum has raised the Complaints Charter access issue with the LAS Chair,

Heather Lawrence, Trisha Bain, Chief Quality Officer, Kaajal Chotai and the

LAS Communications Department. The Charter will be shared with the CQC

and You and Yours.

A team of 3 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**

**PRIORITY FIVE**

**5.0 MENTAL HEALTH CARE**

**5.1** 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 and ran an

excellent Whose Shoes event on February 7th to share views of the problems of

current mental health services and ways of fixing the problems. Long waits for

people in a mental health crisis to get into places of safety, and getting

advanced mental health paramedics to rapidly support patients detained under

s135 and s136 are major priorities for enhanced patient care. We will also focus

on the need of young people with mental health problems, whose needs are

often inadequately met.

**5.2 ACTION PLAN**

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

**by the LAS in the implementation of their strategy, in which the priorities**

**are the care of people with mental health problems, those who have fallen,**

**maternity care, urgent care and end of life care.**

**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 include promoting access to Patient Specific**

**Protocols (PSPs) and care plans for patients with complex mental health**

**needs; focusing on the development of appropriate hospital environments**

**to receive patients requiring mental health crisis care; removing the**

**inappropriate EOC question re ‘violence’ to 999 callers concerning**

**patients in a mental health crises, and hearing the voices of patients who**

**have received LAS care when in a mental health crisis including those**

**who have used NETS.**

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

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

**PRIORITY SIX**

**6.0 END OF LIFE CARE**

**6.1** 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.

**6.2 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 LEADS: Angela Cross-Durrant, Lynn Strother**

**PRIORITY SEVEN**

**7.0 SICKLE CELL DISORDERS**

**7.1** 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 of a staff

training video which should be available in 2019.

**7.2 ACTION PLAN**

**The priority for 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.**

**LAS CONTACTS: Trisha Bain, Angela Hilliard**

**FORUM LEADS: Kye Gbanbola, Eula Valentine, John James**

**PRIORITY EIGHT**

**8.0 RACE EQUALITY IN THE LAS**

**8.1** 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

LAS Emergency Ambulance Crew (EAC) from a BME heritage, a fact confirmed

during our interaction with EACs on the paramedic course at the LAS Academy.

**8.2 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 in**

**achieving racial diversity and evidence will be collected on progress in 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;

1. To invite the LAS to identify representatives to join the Task Group,

including a representative of front line staff;

1. 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;

1. 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;

1. To establish exemplars of good practice that have succeeded in achieving

raised recruitment/promotion of people from BME heritages;

1. To produce a detailed report, containing examples of processes, practices,

data, etc., that can be referred to in terms of successes achieved;

1. 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, Patricia Grealish**

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

**Healy, Sister Josephine Udine.**

**PRIORITY NINE**

**9.0 RESPONDING TO THE NEEDS OF HEAVILY INTOXICATED PATIENT**

**9.1** The Forum made a recommendation to the Clinical Quality Review Group

(CQRG) of the CCG, regarding the commissioning of a service to ensure that

heavily intoxicated patients on the street receive safe care, and only go to A&E

when this is clinically necessary. We have also raised this issue with Dr Fenella

Wrigley, Garrett Emmerson and with Paul Woodrow at the LAS AGM.

We have been unable to find review papers of the pros and cons for these

services in London to assess potential benefits. The LAS does not appear to

have carried out any research in relation to an objective clinical analysis

to assess possible benefits. Garrett Emmerson has explained in detail the

position of the LAS and this is attached.

Other ambulance services, use alcohol recovery services and the government

provides funding to support these services, e.g. West Midlands AS. This type of

service development would be consistent with the NHSE 10 Year Plan

published on January 7th 2019, and the LAS strategy which specifically

promotes the avoidance of dispositions to A&E.

In response to our enquiry, West Midlands Ambulance Service (WMAS) 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 mechanism that doesn'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 CCGs didn't benefit from the investment.

**9.2 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 and

outcome analysis

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

on the role of ambulance services on recovery from alcohol intoxication.

<http://www.ias.org.uk/uploads/pdf/HSR/TheFrontlineBattle.pdf>

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: Garrett Emmerson, Paul Woodrow,**

**Dr Fenella Wrigley (Medical Director).**

**FORUM LEADS: Dr Joseph Healy**

**PRIORITY TEN**

**10.0 DEFIBRILLATOR INSTALLATION**

**10.1** After our successful campaigns 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. The Mayor has also been asked by Dr Onkah

Sahota to support activities around Maria Caulfield’s parliamentary Defibrillator

Bill

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.

**10.2 ACTION PLAN**

a) The Forum will continue its campaign to support the Defibrillator Bill, which is

being sent back to the House of Commons on March 15, 2019 for its second

reading and continue to support the Bill on its passage through the Commons

and Lords

b) We will campaign to encourage schools to install defibrillators and train

school children in their use starting with the London Borough of Southwark,

where we have strong contacts.

c) Produce a new version of Defibrillator News to promote the Defibrillator Bill.

**LAS CONTACT: Chris Hartley-Sharpe**

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

**APPENDIX – ALCOHOL SERVICES**

**From: Garrett Emmerson** (Garrett.Emmerson@lond-amb.nhs.uk)

Dear Malcolm,

|  |  |
| --- | --- |
| **INTOXICATED PATIENTS** |  |

Mon, 4 Feb 2019 16:43

I promised to come back to you, following our discussion on 24 January, in respect of our support for heavily intoxicated patients.  As you know, we attend alcohol related incidents all year round, not just over the Christmas and New Year period, in fact December is an average month in terms of volume of incidents.  We attended almost 64,000 alcohol related incidents in 2018, accounting for just under 6% of total face to face incidents (during December 2018, we attended just over 6,000 alcohol related incidents, accounting for 6% of the total face to face incidents that month).

As with any call we receive, patients are triaged and resources dispatched accordingly to ensure patient safety. Every alcohol-related call we attend unnecessarily, means a crew is not available for another patient who might be seriously ill or injured.  As you say, some the people we go to who’ve had too much to drink, don’t need an ambulance on blue lights; they need to get home and sober up safely.  Although we have provided mobile treatment centres in the past, we haven’t found them to be the most efficient use of our services and we have therefore focussed on supporting other partner organisations.  As a couple of examples:

·          Westminster City Council piloted a  ‘night hub’ on Saturday nights between 1-22 December, to provide a safe space for people who have drunk too much or need other forms of help. Council staff and volunteers ran the service, with St John Ambulance providing first aid.  From the end of February, the hub will operate  on Friday and Saturday nights. WCC have funding in place to run the centre for two years. We have supported WCC’s associated publicity campaign for the pilot on social media.

·          In addition, as part of our winter planning this year, the Trust’s  Cycle Response Unit (CRU) has increased its collaborative working with selected partner organisations.  A joint City of London Police and London Ambulance Service CRU has been operational in the winter evenings to provide assistance to the large numbers of people who celebrate in the City.  Such celebrations can result in significant numbers of alcohol related calls and the initial trial of this project two years ago resulted in a large number of patients being managed appropriately without the need for ambulance attendance or hospital conveyance.  The presence of the police as part of this unit assists in ensuring the safety of the cycle responder.  The CRU will also be operating from key transport hubs at peak commuter periods to aid the early response to anyone becoming unwell on trains.  Such incidents not only cause significant disruption to the transport network but also increase the numbers of ambulance related calls due to other people becoming unwell on stationary trains.

Going forward, LAS will work in collaboration with local authorities to identify areas where the use of alcohol recovery centres would help to reduce ambulance requests for people suffering from the effects of alcohol.

I hope this is helpful.

Regards,

Garrett Emmerson

Chief Executive Officer

**London Ambulance Service**

**MATTERS OF CONCERN – NOT PRIORITIES FOR 2019**

**11.0 TRAFFIC DENSITY**

**11.1** 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 the volume of delivery vans in London is

the greatest impediment to traffic speed.

**11.2 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.**

**12.0 BARIATRIC CARE**

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

effectiveness of the LAS service provided to bariatric patients. The Forum has

raised this issue continuously with the LAS, and was informed that 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 agreed plans for the development of 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

or through the HART.

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.

**12.2 ACTION PLAN**

**a) 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.**

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

**for London**

**c) Formally request that the LAS writes to bariatric patients to get their**

**agreement to enable the Forum to gather views about their experience of**

**the service.**

**d) Advise the CQC about the bariatric care meeting and invite them to**

**attend.**

**LAS CONTACT: Paul Woodrow**

**FORUM LEADS: Malcolm Alexander, Dora Dixon-Fyle**

**13.0 STROKE CARE**

**13.1** 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 aphasia as a diagnostic

determinant of stroke.

**13.2 ACTION PLAN: 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**