

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

DRAFT TWO

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RESPONSE TO THE LAS CONSULTATION ON THE STRATEGY TO 2020

Note for Forum Members:

The requirement to produce a five year strategy derives from the document 'Securing Sustainability Planning Guidance for NHS Trust Board (2014-2019)', produced by the Trust Development Authority, which is charged with converting Trust Boards into Foundation Trusts. This document is focussed on improving the quality of care as well as enhanced governance mechanisms. The LAS Board will agree the final strategic plan on June 4th, it will be reviewed by the Quality Committee on June 18th and submitted by June 20th 2014 to the TDA.

ACHIEVING IMPROVEMENTS TO CARE FOR PATIENTS, STAFF AND THE ORGANISATION

We would like to see the KPIs and time scales for each of the 'promises' set out for patients, staff and the organisation. The LAS will need to set out in its strategy what progress and actual evidence is identified for each of the 33 actions, what we can expect at the end of each of the five years, and how the LAS will review and refresh and recalibrate its strategy over this period according to developing evidence. Clearly, if the LAS achieves FT status its strategy will have to be reviewed.

We would like to see evidence of a process, in the public arena, that would ensure that milestones are established and progress monitored, perhaps three times a year, to ensure steady progress and/or the elimination of obstacles to progress.

We would like assurances that the public (e.g. Healthwatch, the Forum and FT members) will be part of the monitoring process for implementation of the strategy.

We would like to examine the finalised overall strategy and implementation plan for the organisation, to establish to what extent the various other LAS 'strategies' have contributed to, or have duplicated some key actions, or are implemented unilaterally (the latter possibly undermining the prime purpose of the five year strategy).

Although, it is implicit, we would like to see the strategy presented as the LAS's commitment to a 'clear, definite and explicit continuous quality improvement programme'.

We do recognise that many goals are set in a much larger whole system (including other NHS services, Social Services, transport issues, etc.) and also would ask for details of those continuing pressures which may delay or prevent goals from being reached.

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EQUALITY AND DIVERSITY

Securing long needed improvements specifically related to equality and diversity is fundamental. The principles of equality, diversity and inclusion must be central to employment, training and service delivery.

Full inclusion and sensitivity toward patients and staff with protected characteristics must be taken more seriously and changes made at all levels in the LAS, including the Board, to embed these requirements. Excellent work has so far been done in relation to LGBT colleagues and the employment of more women.

Reflecting on the LAS workforce and comparing its diversity to the current diversity of London and its future growth, demonstrates the need to embed diversity into all aspect of public education, recruitment and training. We have argued this point for several years, but have seen little change in the diversity of the LAS workforce or in the diversity of the LAS Board *to reflect London's population*. We would not be satisfied to be told this matter will be dealt with in the post 2020 period, bearing in mind that the failure of the LAS to recruit locally, despite the very fulfilling professional opportunities for front line staff, has led to the need to recruit from Denmark and New Zealand.

What follows are proposals and comments in relation to some of the LAS strategic priorities

DELIVERING THE LAS's STRATEGIC PROPOSALS – OUR RESPONSE

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| 1) We will continually drive clinical improvements for our patients PATIENT SAFETY IS HIGHEST PRIORITY | |
| Providing the safest and most effective care for patients will be our first priority. Reporting, investigating and learning from patients safety incidents will be fundamental to ensuring patient are safe. Patients will always be told when they have been harmed due to our clinical errors. The LAS will ensure that all ambulances and equipment are clean and sterile, infection control is taken seriously, all clinical equipment is available when needed, intact and up to date. | |
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| <p>2) We will work with partners across health and social care to integrate services so that our patients have better care and experience better outcomes</p> <p>PRE-HOSPITAL DEMENTIA CARE WILL BE TRANSFORMED</p> | |
| <p>Develop clear effective dementia pathways between the LAS and the LAS commissioners (CCGs), together with acute hospitals and where possible community care professionals, to ensure 'right care first time'. The LAS Clinical Support Desk will develop the capacity and expertise to advise clinical staff on meeting the needs of people <i>exhibiting signs of</i> dementia, especially with regard to assessing cognitive impairment and pain – <i>whether or not dementia has been diagnosed at the time of the call.</i></p> | |
| <p>3) We will work with partners across health and social care to integrate services so that our patients have better care and experience better outcomes</p> <p>PATIENTS WHO FALL WILL GET INTEGRATED CARE</p> | |
| <p>Paramedics will have direct access to local Falls Teams, in order to prevent inappropriate transfers to A&E and to ensure expert clinical care for patients who have fallen in their home.</p> | |
| <p>4) We will work with partners across health and social care to integrate services so that our patients have better care and experience better outcomes</p> <p>EXCELLENT END OF LIFE CARE WILL BE PROVIDED</p> | |
| <p>Advance Care Plans (ACP), End of Life Care (EoLC), CoOrdinate My Care (CmC). The LAS will work with London's CCGs and GPs to ensure that CoOrdinate My Care (CmC) is fully developed to meet the needs of people who have an Advance Care Plan.</p> | |
| <p>5) We will provide patients with a timely response to meet their health needs</p> <p>We will provide excellent urgent and emergency services: saving lives; caring for the capital</p> <p>DELAYS IN PROVIDING CARE WILL END</p> | |
| <p>Vulnerable patients who have requested emergency care will never be left waiting</p> | |

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hours for LAS care. Expecting vulnerable patients, who are in pain, have fallen or taken an overdose, to make repeated calls to the LAS to get help suggests a major breakdown in care provision.

6) We will constantly drive clinical improvements for our patients
CARE FOR PEOPLE IN A MENTAL HEALTH CRISIS WILL BE TRANSFORMED

The LAS will develop a specialist team of paramedics and nurses who are expert in the care of patients with a mental health diagnosis. All paramedics and A&E support workers will be continuously trained in the care of people with mental health problems, bearing in mind the special needs of people with learning difficulties, cultural, language and age-related issues.

A significant proportion of this training should be live rather than via e-learning, as interpersonal skills and attitudes appropriate to this group of patients need to be practiced, evaluated and demonstrated.

7) The health and well-being of our staff is of vital importance and we will create a range of initiatives to support this.

STAFF SHIFT PATTERNS WILL BE FULLY EVALUATED

The impact of long shifts on front line staff, will be fully evaluated in relation to the impact of 12 hour shifts, (without adequate meal breaks and rest), on clinical care; the health of staff; training, and complaints against staff, e.g. in relation to attitude and behaviour.

There is considerable national and international research pointing to the deleterious effects of shift work, including shift work patterns on both short and long term physical and mental health. Some individuals are not at all suited to shift work and able to remain healthy as well, but may be excellent staff members. Staff should be fully interviewed about the effects of their schedules and involved in development of improved alternatives.

8) We will develop our ambulance service so that clinicians can provide more care and treatment for patients at scene or home

We will work with partners across health and social care to integrate services so that our patients have better care and experience better outcomes

APPROPRIATE CARE PATHWAYS WILL BECOME FULLY OPERATIONAL

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Right Care First Time will become the norm. New care pathways will be developed by LAS in conjunction with CCGs, acute trusts and providers of community care that are robust enough to give confidence to LAS crews and the public, that they are available when required clinically appropriate, fully-funded, subject to regular clinical audit, and tests of reliable and continuous access.

9) We will listen to our patients and use their feedback and experiences to improve our services and patients experience

ACTIVELY SEEK TO BE INFLUENCED BY PATIENTS AND THE PUBLIC IN ALL THAT IS DOES

The LAS will make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of the LAS by:

- Engaging with FT members, patient groups, the voluntary sector and Healthwatch to ensure patient involvement in all aspects of its work.
- Develop a more patient/user friendly system of inviting comments, suggestions and complaints which encourages patients and their friends and relatives to actively contribute their views and experiences.
- Holding wider public engagement around prioritisation and service re-design.
- Promoting the public education role of the LAS.
- Developing a wide range of methods to seek the public view on LAS services and providing feedback.
- Trust Board members enhancing their public accountability by listening more to the public and acting on what they say and visiting the coal face at regular intervals (governance by walking about).

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