**MEETING WITH FRED JERROME**

**Research & Support Officer to Dr Onkah Sahota (AM)**

MAY 17th 2019 – LONDON ASSEMBLY - CITY HALL

1. **Workforce, Skills and Training**

The Academy in Fulham is training about 120 EACs (Emergency Ambulance Crew) to upgrade to be paramedics (HCPC registered). New cohorts train through either the apprenticeship programme or though Paramedic Science degrees at six universities. It is hoped that the Mayor’s adult education budget can be used to recruit more people in London to the LAS, e.g. to EAC posts. Paramedic staff must be registered with the HCPC. Non-paramedic grades are referred to as either EACs, Trainee EACs or Technicians.

**Ethnic Diversity of Staff**

At the moment the BME component of the LAS paramedic workforce is 7.5% (up from 6.4% in 2017/18). The percentage of BME paramedics has increased from 3% of the paramedic workforce in 2004 when the London Assembly carried out its first review of the LAS in relation to diversity of the workforce to 7.5% in 2018/19.

**LAS Adoption of the GLA Race Equality Standard**

Melissa Berry the LAS lead on racial diversity is a member of the GLA Race Equality Group. In her view, adoption of the GLA standard would require a lot of duplication of work that is already being carried out as part of the NHS–WRES 2 (Work Place Race Equality Standard).

**Recruitment**

A great deal of recruitment of paramedics is from Australia and we understand that in the future recruitment will also take place from Poland. The LAS recruitment lead is Averil Lynch [Averil.lynch@lond-amb.nhs.uk](mailto:Averil.lynch@lond-amb.nhs.uk) who holds many recruitment events in recruitment fares and shopping centres

The Forum has recommended recruitment events in schools, because only 6-8% of the students on paramedic degree courses are from a BME heritage. The LAS reports that whilst 50% of the EAC applicants are from a BME heritage, that a high percentage of BME applicants do not succeed in getting through to the next stage of the recruitment process.

15% of the whole of the LAS workforce is from a BME heritage – but most work in the EOC where the pay levels are lowest in the LAS. The most recent recruitment advertisements from the MPS show a very positive attitude towards the recruitment of young black people.

**Ethnic Pay Breakdown Report**

A report has been requested from Patricia Grealish, Head of People and Organisational Development. Data has been received and is attached. A fuller report is expected.

**Action:** London Assembly Health Committee will explore the following issues:

1. Can the LAS learn from the LFB and MPS about proactive outreach techniques to recruit BAME people and women?
2. What is the difference between the applicant pool and hiring rate for LAS paramedics and Emergency Ambulance Crew (EAC)? Does WRES suggest that success rates are lower for BAME applicants?
3. Lack of diversity of the LAS Board.
4. **LAS Response to Calls from Prisons**

The Forum has been informed by several paramedics of delays of up to an hour in the secure estate, for them to travel from arrival at the gates to direct patient contact. The Forum therefore wrote to every prison, YOI and IRC in London with the following questions:

1. What was the average time in 2016/17 and 2017/18 from the arrival of emergency ambulances at your gates to direct ambulance crew contact with unwell detainee?
2. What were the 5 longest times from arrival at gates to contact with unwell patients in 2016/17 and 2017/18?
3. What was the average time taken from the end of emergency ambulance crew contact with patients to their leaving the gates in 2016/17 and 2017/18
4. How many detainees were taken by emergency ambulance to hospital in 2016/17 and 2017/18?
5. How many Safeguarding referrals were made in 2016/17 and 2017/18?

Unfortunately, none of the prisons or IRCs could provide any data and our questions.

One YOI provided answers to our questions under the FOI and the rest referred the questions to the Ministry of Justice or Home Secretary (IRCs) who failed to reply to the questions. The Forum has written to both the Home Secretary and Justice Minister asking for data relating to time from arrival at gates to patient contact, and action relating to other issues including Safeguarding (which currently is carried out internally). A positive response has been received from the Minister of Justice.

**Action: send Ministerial correspondence to London Assembly health team.**

The Forum has discussed these issues with Lyn Sugg from LAS Emergency Operations Centre. She confirmed that contact has recently been made with a manager from the secure estate to re-negotiate the Memorandum (which was written five years ago). IRCs and YOI were not included in the MoU. The current MoU is available on request.

The actual time taken to get from prison gates to patient contact is critical because prisons have nurses and may have doctors, and only call an ambulance when their medical and nursing staff cannot provides adequate medical care, e.g. suicide attempts. Therefore the level of urgency might be much greater than in other environments; delays therefore may put patients as considerable risk.

The LAS currently holds no data about arrival at gates to patient contact. We have therefore proposed to Trisha Bain, Chief Quality Officer, a 3 month project to gather data. We are pleased that Garrett Emmerson (Chief Executive) has agreed to:

1. A review to improve arrangements for crews responding to calls from the secure estate.
2. Provide a more accurate recording of arrival at prison gates to patient contact times by collecting data from paramedic held IPADS
3. Talk to the Ministry of Justice re improving quality of information provided to the LAS during 999 calls from the secure estate to aid triage and dispatch.

This is good preliminary response to the issues that we have raised with the LAS.

**Action: Onkar Sahota AM will re-submit the FOIs that the**

**Patients’ Forum previously submitted to the secure estate.**

**3) Funding of the LAS**

There is a current dispute between the LAS and CCG in relation to the funding of

Cat 2 calls and Pioneer services. There is a deficit of £8m in the budget sought by

the LAS from the CCGs.

**Action:**

**A) Requested breakdown of the proposed budget showing deficit areas from the LAS Director of Finance, Lorraine Bewes. A verbal statement was made to the LAS Board on May 23rd.**

**B) London Assembly Health Committee will enquire about funding of**

**Pioneer services and funding of Category 2 (ARP) responses by the**

**LAS in view of periods of poor performance.**

**4) Funding of the Forum**

This matter was raised with the Mayor’s health team who confirmed that funding for the Patients’ Forum is not in the Mayor’s remit, so unfortunately is not something the GLA can provide. However the Health Committee looks forward to continuing to work with the LASPF.

**5) Alternative Care Pathways (ACPs)**

The governance of ACPs has improved through focussed work from the CCG. There is a KPI for ACPs, but we do not know to what degree these pathways are accessed on a day to day basis by paramedics or how quickly they can be accessed, e.g. for a patient in a mental health crisis or who has fallen, or whether the system can be described as a single system – we doubt that. Historically, our investigations have demonstrated quite a low usage of ACP by LAS crews. More information is being sought on this issue. Access to ACPs is usually dependent on CCG provision and will vary by borough and time of day.

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| **Alternative Care Pathways Utilisation KPI** | Measures usage of alternative care pathways by the LAS  KPI = key performance indicator |

**Action: London Assembly will examine:**

1. **Availability of ACPs and the reliance of staff having local knowledge of their location. The LAS relationships with providers and CCGs will also be explored - particularly in relation to mental health care. The London Assembly health committee will aim to find out what happens to patients in different parts of London when they access these services through the LAS.**
2. **If there a single standard for community/wraparound services setting out respective roles of CCG/ local authority/ LAS? Are CCGs on board with LAS plans for service transformation? How is this written into STPs plans and what concrete outcomes are expected for CCG ACP services?**

**6) End of Life Care**

This care stream is being led by Laura Cooke (LAS clinical network lead) and her colleagues. Two Forum members (Angela Cross-Durrant and Lynn Strother) play an active role in the End of Life care stream. A critical component of this development is the role of CmC, which has developed to the point where the CmC care plan, which should be co-designed by the patient and his/her GP, can be accessed by front line staff on their IPADS when seeing patients.

**7) Mental Health Care**

There are currently 15 mental health nurses working in the Emergency Operations Centre at Waterloo and Bow and in the new south east London LAS mental health car. The MH car is staffed by one paramedic and one mental health nurse. There are significant training opportunities for the paramedic in this team in relation to responding to patients in a mental health crisis, e.g. patients detained under Mental Health Act sections (4,135,136).

A new Metropolitan Police Service (MPS) mental health funding stream is being developed in relation to patients who might be sectioned under the Mental Health Act. In terms of Parity of Esteem we believe it is appropriate for a person who might be sectioned under s136 to be allocated a Cat 1 ARP response.

**Action: Meet Angela Flaherty, Strategy Team, to discuss the MPS funding stream.**

**8) Visits EOC and 111**

The Forum has been carrying out visits to EOC in Bow and Waterloo and the SE London 111 centre. Reports will be ready in June.

**9) Brexit**

See attached correspondence with Professor Keith Willett-EU Exit Strategic

Commander, Director, Acute Care, NHSE Medical Directorate. The LAS has identified no suppliers at high risk, but haven’t commented on the impact of tariffs.

The Forum is concerned about access to medication, vehicles and vehicle parts and most of all about the loss of care home and hospital staff, leading to longer ambulance handover queues at A&Es.

**Action: London Assembly will enquire about contingency work is being done in relation to the effects of Brexit on the wider health system.**

**The Forum will follow up this issue in relation to ambulance queues.**

**10) Volunteers**

We have not seen any documents that relate to the proposal to recruit 100,000 volunteers and find this somewhat difficult to comprehend. We run a group of 60 volunteers and most LAS colleagues are particularly positive towards our high level of activity. The draft volunteer strategy for the LAS is in the final stages of internal review in preparation to for wider involvement. The LAS see this strategy as an exciting opportunity for LAS and Londoners and intend to establish a LAS Cadet core. Many of our members supported the LAS Volunteer workshop held last year and participated in mock CQC inspections of the LAS prior to the CQC visits.

**Action: London Assembly will explore progress with the LAS volunteer strategy?**

**11) Next Meeting with Dr Sahota**

It has been agreed to arrange a meeting between Dr Sahota and the Forum’s Executive Committee.

**Malcolm Alexander, Chair, Patients’ Forum for the LAS**

**07817505193**

**www.patientsforumlas.net**

**Full set of CCG KPIs for the LAS**

**Summary of KPIs**

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| **KPI** | **Measure/Description** |
| **National Ambulance Response Programme (ARP)** | These are a set of National standards set by NHS England to measure Ambulance response times depending on the type of response required and the timeframe in which the patient needs to be seen. |
| **Call Answering** | Measure performance on the number of calls received and the time taken to answer the call by the LAS |
| **Clinical Quality Indicators** | Measures performance on a range of both national and local clinical quality indicators |
| **ED  Conveyance Reduction** | Measures the number of conveyances to an ED department |
| **Hear and Treat** | Measures the number of calls closed with telephone advice provided to the patient/caller |
| **Productivity and Efficiency** | Measures performance on a number of productivity and Efficiencies |
| **Patient Handover** | Measures the time taken from transferring the patient’s care to hospital to being available for their next call out |
| **Alternative Care Pathways (ACP) Utilisation** | Measures usage of alternative care pathways by the LAS |
| **Digital Enablers** | Monitors and measures a range of digital tools /systems/ aids to assist LAS in operating more efficiently. |