PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

Information for the CQC Inspection of the London Ambulance Service

JULY 25th 2019

Updated: October 9th 2019

WWW.PATIENTSFORUMLAS.NET

Patients' Forum Ambulance Services (London)
Registered in England. Company Limited by Guarantee. Company Number: 6013086.
Registered office: 6 Garden Court, Holden Road, Woodside Park, LONDON, N12 7DG

FORUM OFFICERS in 2019-2020

Company Secretary and Legal Adviser - John Larkin
6 Garden Court, Holden Road, Woodside Park, N12 7DG

President of Forum - Joseph Healy - Drjhealy@yahoo.com

Chair - Malcolm Alexander - PatientsforumLAS@aol.com
Tel: 07817505193

Vice Chair - Sister Josephine Udie - Sisterjossi@hotmail.com

Vice Chair - Angela Cross - Durrant-Acrossdurrant@yahoo.co.uk

Executive Committee Members

Audrey Lucas - audrey.lucas@healthwatchenfield.co.uk

Beulah East – beulaheast41@hotmail.com

Lynn Strother - lynnestrother@gmail.com

Dora Dixon-Fyle - dora.dixon-fyle@southwark.gov.uk

Rashid Ali Laher - rashidali.laher@gmail.com

The names of individuals who have contributed information to this report have been removed.

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INTRODUCTION

The Patient's Forum for the LAS has 60 active members and was set up in 2004, It brings together people with a wide range of interests and experiences including those from Local Healthwatches covering many London boroughs. All are committed to developing high quality health services in general and highly effective emergency ambulances services specifically. Members who attend regularly include people who are active in health condition support groups (for example, mental health, sickle cell and physical disabilities) and are knowledgeable and experienced in monitoring and influencing service development, and passionate about the LAS and NHS. Most members have experience as service users, carers, former NHS and local authority staff and are active in voluntary sector health organisations. They share the belief that direct involvement of the public helps to develop and maintain high quality public services. Membership of the Forum is open to all. Members pay £10 a year to support the work of the Forum.

The Forum is active on 10 LAS committee. Our members join LAS colleagues at these meeting and contribute to discussion on LAS policy, strategy and risk. Through our work on the LAS PPI Committee, we participate in plans for the enhancement of PPI in the LAS. Unfortunately, the lead of that team, Margaret Luce, will be leaving the LAS in September 2019.

The Forum was a regular attender and contributor to LAS Board meetings, but stopped attending for a long period because the LAS refused to provided hard copy papers to the Forum. The meetings have been extended to 4-5 hours and questions submitted to the Board no longer get adequate responses. Sitting in a meeting for five hours and getting very little response to issues raised, represents a substantial change in the behaviour of the Board, which previously was open, welcoming and committed to responding to the Forum’s detailed questions

Over the past few month communications with the LAS have become increasingly difficult and getting answers to questions can take months instead of days. E.g. we have sent questions to the LAS about diesel engine pollution on several occasions, including to the LAS Annual Meeting and the Quality Oversight Group, but have been unable to get a written response after three months. We have therefore submitted our questions as FOIs. We also see attempts to substantially reduce our contact with colleagues in the LAS by centralising communications. This approach will severely damage and undermine years of successful communications with the LAS.

FORUM REPRESENTATIVES ON LAS COMMITTEES

- CLINICAL AUDIT AND RESEARCH STEERING GROUP - NATALIE TEICH
- COMMUNITY FIRST RESPONDERS – SISTER JOSEPHINE UDIE
- END OF LIFE CARE – ANGELA CROSS-DURRANT & LYNN STROTHER
- EQUALITY AND INCLUSION – AUDREY LUCAS & BEULAH EAST
- INFECTION PREVENTION AND CONTROL – MALCOLM ALEXANDER
- MENTAL HEALTH COMMITTEE – NO LONGER MEETS
- PATIENT AND PUBLIC INVOLVEMENT COMMITTEE – MALCOLM ALEXANDER
- SAFEGUARDING – MALCOLM ALEXANDER
- COMPLAINTS PANEL – ADRIAN DODD, JOS BELL, MALCOLM ALEXANDER
- PATIENT AND PUBLIC INVOLVEMENT PANEL – POLLY HEALY, JAN MARRIOTT, MALCOLM ALEXANDER (EDUCATION DEPARTMENT/HCPC)
- QUALITY OVERSIGHT GROUP – MALCOLM ALEXANDER

1.0 WORKING WITH THE LAS PPI COMMITTEE AND LAS STAFF

1.1) Outreach work by the LAS across London, led by Margaret Luce is highly successful and engages LAS staff as volunteers, to meet diverse groups and communities; providing them with information and knowledge about how the LAS works and how to save lives, e.g. by teaching CPR. Evidence of service improvement through community engagement has been demonstrated by the team's NHSE funded Insight Project, which focussed on the needs of patients with sickle cell disorders, COPD and asthma, and people living with a personality disorder. ,www.londonambulance.nhs.uk/wp-content/uploads/2018/04/V6Final-London-Ambulance-Service-Insight-Project.pdf

1.2 Senior staff in the LAS have always been willing to answer questions put by the Forum and usually respond very quickly and in depth.

2.0 LEADERSHIP IN THE LAS

2.1) There has been a significant and negative cultural change in the LAS since our previous report to the CQC. The culture in relation to work with the Forum at the Chair and Chief Executive level is no longer one of listening and willingness to learn from and negotiate with patients and the public, in order to enhance services.

2.2) Whereas there was very positive evidence of service improvements as a result of engagement with the public through the Patients' Forum we now feel resistance towards effective public involvement.

2.3) We have continued to meet with Trisha Bain, the Chief Quality Officer each month, who has responded very positively to ideas and proposals put to her, which arise from the Forum's priorities and issues raised by members of the public, including our contribution to the annual Quality Account. We understand there are attempts to stop these meetings taking place. (CQC A, B – notes on meetings with Trish Bain).

2.4) We have been told by the Chair and Chief Executive that LAS does not wish to be monitored by the Forum, because it is already monitored sufficiently by the CQC and NHSI.

2.5) We have also been told by the Chief Executive that the Forum must decide if it wishes to be an internal organisation (within the LAS) and get additional benefits as a result, or an external lobbying organisation – but that we cannot be both.

2.6) As an independent body, we have no intention of being told what public involvement model is most appropriate by the body we are monitoring and attempting to influence to enhance patient care.

2.7) Over our 15-year engagement with the LAS the relationship has always been positive, creative, collegial and focussed of advancing the quality of care provided by the LAS. Our relationship has been based on the principles laid out in the NHS Constitution, the Health and Social Care Act and models of good practice published by NHSE and NHSI.

3.0 LAS STRATEGY

3.1) On June 10th 2019, the Chair and CE were invited to our public Forum meeting to discuss progress with their 5-year strategy. Although they both attended, they would not discuss their strategy and spent the meeting criticizing the Patient' Forum. Over a period of one hour they said nothing about the progress they have made with their Strategy. This was particularly inappropriate, because 25 members of the public and a representative of the London Assembly had come to our meeting to hear about the LAS Strategy. This failure to present to the Forum information about progress with implementation of the 5-year strategy was also particularly disturbing, because the LAS never adequately consulted on the Strategy when it was first published as a draft document. There was one meeting only for the public, attended by 12 people, 9 of whom were Forum members. Nevertheless, the LAS described this meeting as the best consultation exercise ever!

MAJOR FORUM MEETING - MONDAY MAY 13
PROGRESS WITH THE LAS STRATEGY & PIONEER SERVICES
HEATHER LAWRENCE, CHAIR & GARRETT EMMERSON, CHIEF EXECUTIVE LAS

To Heather Lawrence – June 6th 2019

Members were very disappointed that you said nothing at all about your Strategy and Pioneer services, which was the subject that you were invited to address the meeting on. As you will recall we were disappointed during the consultation at the poor involvement of patients and the public and hoped that last night's meeting would have enabled the process to move on successfully to enable stakeholders to feel more involved in the process. Would you be kind enough to send me a written update on your progress with development of the Strategy and Pioneer services that I can share with members, Healthwatch, our and voluntary sector partners?

Very best wishes and many thanks for your participation in our Forum meeting.

Malcolm Alexander
Chair

3.2) The Forum discussed the LAS report on progress with their Strategy (CQC1) at our June 2019 meeting without LAS strategy leads being present. One issue that was particularly concerning to us was that several of the key developments proposed in the strategy were unfunded by the commissioners, and that there was an absence of any focus on community stakeholders, e.g. Healthwatch, the Patients' Forum or health charities e.g. Macmillan, Mind, Sickle Cell Society, despite these bodies being core participants in the development of successful urgent and emergency care services. The focus was entirely on statutory stakeholders.

4.0 PUBLIC INVOLVEMENT IN THE LAS

4.1) We have shared the following public involvement documents with the LAS to assist their understanding of PPI methodologies, but have received no response:

- Public Involvement Handbook - Legislation, Regulations and Duties NHS AND LOCAL GOVERNMENT MAY 2018 – written by the Forum (CQC2)
- HM Government – Code of Practice on Consultation (Cabinet Office) (CQC3)

4.2 Garrett Emmerson has stopped responding to emails/letter sent to him by the Forum, e.g.

May 31st – No Response

Dear Garrett, hope you as well.
We have been discussing how we can best support the LAS during the well led review.
In the past we had participated in **mock CQC inspections** and made written submissions in parallel with the PIR submissions. Please let me know if you would like to discuss.
Very best wishes
Malcolm

May 31st – No response

Dear Garrett and Trisha, please find attached our report on meeting with Fred Jerrome who works for Dr Sahota (Chair of the **London Assembly Health Committee CQC4**). Any updates would be most welcome.

Best wishes
Malcolm Alexander
Chair, Patients' Forum for the LAS

June 24th – No response Letter to Garrett regarding Race Equality in the LAS (CQC5) until September 20th following many reminders.

5.0 EXAMPLES OF POSITIVE SERVICE DEVELOPMENT (IN THE PAST)

5.1) The Forum developed a **Complaints Charter** which was agreed by the LAS and is referred to in letters to all complainants.

5.2) Forum held a public meeting in the LAS jointly with the **Sickle Cell Society** in the LAS Conference Room. The meeting attended by a large number of people with sickle cell disorders and their families, as well as the Medical Director for the LAS and several senior LAS staff. This led to significant improvement in the care of patients with sickle cell disorders. This process of service improvement continues through joint work between the Sickle Cell Society and the Education Centre who are now producing videos on the pain control needs of children with sickle cell disorders. CARU are also carrying out a review of patients who receive care from the LAS when suffering a crisis.

5.3) The Forum collaborated with Diabetes UK and the LAS to bring together a large number of people with **Type 1 diabetes,** including people with diabetes and eating disorders. People with diabetes described their experiences of LAS care and this led to additional training for staff regarding the care of patients with diabetes.

5.4) The Forum was very concerned about some aspects of the diagnosis and treatment of patient with a presumptive **diagnosis of stroke**. We previously described a serious case which was described by the partner of the victim as follows:

“My partner’s stroke was so severe that she needed to have one-third of her skull permanently removed otherwise she would have died that same night due to the pressure building up inside her skull. Before she had the operation, the Neurosurgeon told me that that even if she does survive, she is going to be severely disabled for the rest of her life. Fast forward to now, and my partner has no movement whatsoever in her right arm. She also has limited movement in her right leg, and has severe apraxia and expressive aphasia. She is limited to living in two rooms in our house because of her severe mobility problems. She is only 32 years old.”

5.5) As a result of collaborative work between the partner, the Assistant Medical Director of the LAS and the Forum a video was made about the diagnosis of stroke, with particular attention being given to the importance of aphasia. The video is now used for the training of all front line in the LAS.

5.6) We campaigned for a number of years to **stop the multi-use of blankets** by front line crew, in view of the risk of cross infection. Eventually, the LAS agreed that this practice should stop and now every ambulance should have four clean blankets at the start of every shift.

6.0 COMPLAINTS HANDLING

6.1) An area of progress has been a greater focus on complaints handling in the LAS. We meet with Heather Lawrence and her team quarterly to review anonymised complaints and make recommendations about improvements to the investigation process and outcomes.

6.2) The process involves three Forum members meeting for two hours to read, discuss and comment on a number of complaints. In the days that follow there will be a meeting with Heather and colleagues to discuss our views on the investigation and ways of enhancing the LAS's responses to those who complain.

6.3) A major concern of the Forum is the lack of feedback from complainants regarding the outcome of complaints and evidence that service improve as a result of complaints. The LAS were also required by the Equality and Human Rights Commission to record the ethnicity of complainants but we have never seen any data to demonstrate that this is being carried out.

6.4) There have been a number of significant improvements to the LAS complaints team over the past few months:

- Recruited 3 more staff based on a business case relating to the growth in workload, esp Quality Alerts and requests for records, now that LAS cannot levy a charge. One is admin and 2 are officers, the admin person started in June, one of the officers 1/7 and the other starts 1/8.

- Changing the way they work from a traditional individual caseload to a more collective approach and will be better supporting the duty facility given its success in resolving many issues at the earliest opportunity.

- Temporarily created a back log team of 2 officers who have cleared the backlog to 2.

- All cases now subject to financial remedy, as per the Ombudsman's new guidance

- Revise and updated *complaints* and *challenging behaviour* policies which will be published on the Trust website

- Trust accept that *complaints management is an organisational, not a departmental responsibility* :
- Addition of a clinician one day a week on a rota basis including Med Directorate, QGAMs and Sector Leads.
- CHUB analyst *in situ* one day every fortnight. .
- Complaints team has met with the Quality Assurance team who are putting in place a range of measures to modernise and improve responsiveness.

- Now working more closely with End of Life Care team on a case by case basis

All of this has meant an increase in performance by 23 percentage points in one month. They are now dealing with 75% within 35 days.

In the pipeline:

- They are in discussions with the LAS mental health team to emulate the above access to advice

- They are working more closely with QGAMs and LGMs to improve throughput of statements and systematic outcome reporting via Datix

7.0 CO-PRODUCTION CHARTER

7.1) In order to work more effectively with the LAS, the Forum produced a Co-Production Charter (attached). The response from the Chair and Chief Executive has been negative and the LAS has never responded to the Charter formally.

7.2) The Chair of the Forum was invited to a private meeting of the LAS to discuss the Charter but this produced no response to developing a more productive working relationship. A single Board member has made a comment on the Charter and that is the entirety of their response. We were promised a response by the end of June but no response has been produced. We understand that the new Director of Communications will take responsibility for this process when he begins work in August.

7.3) The Forum has distributed the Charter to every Healthwatch in London and to several charities that work with the LAS and we are hoping that these bodies will support the Charter as a way of ensuring that external stakeholders are actively engaged with the LAS (CQC 6).

7.4) On August 16th the Forum EC had an excellent meeting with Mark Spencer to discuss the Charter and other elements of public involvement, but we have heard nothing from Mark since that meeting. A report on that meeting can be found on WWW.patientsforumlas.net

8.0 SAFEGUARDING

8.1) Significant progress has been made by the LAS in the development of responses to the needs of patients who require safeguarding referrals.

8.2) There is a weakness in the ability of the LAS to get outcome data from local authorities that could be used for learning, appraisal and reflection on the effectiveness of safeguarding referrals. This is a historical problem and responses of local authorities vary a great deal in their ability to provide responses to LAS safeguarding referrals.

8.3) We were very concerned about a serious incident that resulted in a large number of safeguarding referrals to a single borough council being lost, because of a breakdown of communication between the LAS and the borough council. Because the LAS does not expect feed back from all councils to which the safeguarding referral are made, the lack of response was not recognised for some time. During that period no

acknowledgements nor any other form of response was received from the council in response to safeguarding referrals. The technical issue has now been fixed.

8.4) However, feedback from local authorities has been very low at 1-2%. This increased to 7% in April/May 2019 for adults and 15% for children. Feedback is at last, being shared front line staff.

8.5) We believe the poor feedback was partly a cultural issue – because the LAS generally refers patients onwards to the NHS or social care, and historically has not expected to get feedback, and did not prioritise learning from feedback. The exception being for example outcomes from serious heart conditions. The LAS now recognise the importance of feedback and is in the process of recruiting a full time Safeguarding Referral Support Officer to improve the quality and quantity of feedback.

8.6) The LAS annual conference on Safeguarding and Mental Health held in Goldsmith University was outstanding and dealt with many crucial safeguarding issues, e.g. county lines.

The leadership of the Safeguarding team is tackling very difficult and complex issues and we have confidence in the continuing progress being made.

9.0 AMBULANCE QUEUING

9.1) Our major concern continues to be the impact of ambulance queuing due to full A&E departments, which causes patients to wait in ambulance and trolley queues. This is especially harmful to people with cognitive impairment for whom moving between home, ambulance, A&E and wards can be particularly traumatic. The A&E problem results not only in ambulance queues, but also delays LAS responses to other patients.

9.2) The pressure on the LAS results in extended waits for Cat 3 and 4 patients. But some Category 2 patients are waiting well in excess of 40minutes for an ambulance response.

9.3) Despite promises from NHS England that action would be taken to deal with this situation they have failed to resolve the problem and the situation is getting worse. We hope the CQC will inspect A&E departments to assess the magnitude of the problem and propose possible solutions.

9.4) We believe the LAS has failed to use it influence with STPs and NHS Improvement to transform this situation.

9.5 We closely monitor handover data and it is clear that instead of major improvements that would deal with this appalling problem that instead the situation is deteriorating in some hospitals:

	Patients waiting 60 minutes or more	Patients waiting 60 minutes or more	Patients waiting 30 minutes or more	Patients waiting 30 minutes or more
	June 2018	June 2019	June 2018	June 2019
Northwick Park	93	122 increased	358	608 increased
Princess Royal	48	74 increased	145	223 increased
Queen Elizabeth	26	1	81	52
Barnet	24	16	143	220
Queen's Romford			248	783
St Georges			215	353
North Middx			112	549
Royal Free			210	214
St Mary's			235	249

	June 2018	June 2019
Total handovers exceeding one hour – all London	182 hours	417 hours
Total handovers exceeding 30 minutes – all London	6686 hours	6186 hours
Total hours wasted over 15 minutes – all London	4046 hours	5039 hours

10.0 EQUALITY AND INCLUSION

10.1) Equality and inclusion in the NHS and are essential to delivering effective health care. The social context of London and the UK is changing, making these key principles even more important. We believe that workforce diversity brings many positive skills, provides insight into cultural needs, and makes a wider range of languages available for more effective communication during clinical engagement between staff and patients.

10.2) There has been significant progress in that 15% of the LAS workforce are now from a BAME heritage, but a high percentage of these staff are employed on the lowest pay grades in the EOC.

10.3) Data below shows that only 4.8% of paramedics with a BAME heritage have direct patient contact, and that since 2015/16 that the increase in BAME heritage paramedics has only increased by 0.5%, i.e. an increase in 19 BAME paramedics in 4 years.

10.4) The increase in EACS/TEACS from a BME heritage is also very disappointing and is currently 10.45% of the EAC/TEAC workforce. This has remained unchanged since 31st March 2018. A significant number of TEAC/EACs have not declared their ethnicity.

10.5) The Forum has proposed many times to the LAS the need for a **proactive strategic approach to recruitment** of Emergency Ambulance Crew (EAC) and Paramedics from schools, colleges and faith organisations. We regard recruiting from London to be a major priority in terms of diversity and to end the need to recruit from Australia. In our view the workforce should reflect the population in serves.

10.6) Recruitment of Emergency Ambulance Crew can reflect London's diversity more easily, because they can be directly recruited from local areas, rather than initially following the paramedic science degree course. Once they have worked for the LAS, they will have the experience and opportunities to apply for paramedic science courses through the usual academic route or through other routes e.g. apprenticeships.

10.7 The Forum frequently meets EACs at the LAS Fulham Education Centre, but very rarely meets EACs from a BAME heritage. This may reflect the fact that the LAS only employs 78 EACs from a BAME heritage,

10.8 We recently met Averil Lynch, Head of Recruitment to discuss these issues and following that meeting wrote the attached letter to Garrett Emmerson on June 24th making a number of recommendations to transform the current situation. Garrett did

not acknowledge or reply to our letter until September 20th and did not suggest any actions that would effectively increase the diversity of EAC recruitment. (CQC 5)

10.9 Averil has now informed us that following the internal advert for recruitment to the paramedic course at the Fulham education centre, that 54 EACs will join the programme and start in 3 cohorts between July to October 2019. Of these 48 are white and 6 BAME.

LAS Academy - MAY CAMPAIGN –
84 applications received

Gender:	Male	44
	Female	40
Ethnicity	All white	74
	BAME	10
Successful	All white	48
At Interview	BAME	6

Racial Diversity in the LAS – Paramedics

Year	Total no Paramedics In the LAS	Total no "BME" paramedics	% "BME" paramedics	"BME" % frontline paras (direct patient contact)	"BME" paras as % of total workforce
2003/4	685	22	3.21	Not Known	0.54
2004/5	734	26	3.54	1.07	0.65
2005/6	832	26	3.13	0.99	0.62
2006/7	816	27	3.31	1.00	0.62
2007/8	836	32	3.83	1.19	0.74
2008/9	881	31	3.52	1.04	0.70
2009/10	917	34	3.71	1.01	0.68
2010/11	1025	41	4.00	1.22	0.83
2011/12	1385	64	4.62	1.98	1.38
2012/13	1648	93	5.64	2.97	2.01
2013/14	1611	95	5.90	3.09	2.04
2014/15	1707	106	6.20	3.49	2.30
2015/16	1991	139	7.0	4.6	2.80
2016/17	1969	134	7.0	4.2	2.60
2017/18	2050	133	6.4%	3.9%	2.50
2018/19	2104	158	7.5%	4.8%	2.70

EACs and TEACs as at 31st March 2018 and 2019.

Emergency Ambulance Crew and Trainee Emergency Ambulance Crew

As at 31st March 2018					
Position Title	**BME**	**Unknown**	**White**	**Grand Total**	**BME %**
Emergency Ambulance Crew	56	64	454	574	**9.8%**
Trainee Emergency Ambulance Crew	47	9	358	414	**11.4%**
Grand Total	103	73	812	988	**10.4%**

As at 31st March 2019					
Position Title	**BME**	**Unknown**	**White**	**Grand Total**	**BME %**
Emergency Ambulance Crew	78	36	597	711	**11.0%**
Trainee Emergency Ambulance Crew	32	3	342	377	**8.5%**
Grand Total	103	73	812	988	**10.4%**

11.0 CARE FOR PEOPLE IN A MENTAL HEALTH CRISIS

11.1 Please see Quality Account correspondence – attached and below (CQC 7,8,9).

11.2 The Forum continues to be concerned about delays in providing care for patients sectioned under s136 of the Mental Health Act. We believe that the requirement to ensure that 'parity of esteem' is implemented between physical and mental health needs further attention and action, so that better arrangements can be made to care for patients needing admission to a place of safety. We believe that paramedics and mental health nurses should always be present when a patient is detained under s4, s135 or s136.

12.0 GAPS BETWEEN SHIFTS – IMPACT ON PATIENT CARE

12.1 Several Forum members have carried out observation shift in the Emergency Operations Centres at Bow and Waterloo. Our reports are available and will be published in the near future. One issue raised that about the shortage of ambulances between 5 and 6am because some staff are allowed to leave early if they have worked 12 without a break, and others may tend to cluster around their home ambulance station at the end of shift draws near. We were told that this can lead to difficulties in accessing ambulances, especially at 5.30am. We will be raising questions about the impact on patient care of this model of shift working.

END OF LIFE CARE

13.1 There has been very good progress with development of the LAS End of Life Care workstream and out members play an active role in this work.

13.2 The recent review of milestones showed:

- the advanced assessment course in palliative care has been done;
- MIDOS mapping completed;
- advance care planning guidance completed;
- a pan-London incentive for GPs to complete CmC is underway and is being quality assured by the CmC team.

13.3 Work is being explored to get south west London care homes through the CmC toolkit to enable ready access. The CmC management team's mapping work already under way and will locate any gaps. Schwarz rounds are being organised with view to involving stakeholders in the process.

13.4 Respect for and better understanding diversity and different cultures, regarding practices for those dying, were included in 'Dying Matters Week'. There has been some in-house training, and those paramedics present reported learning about Imams' roles when those of the Muslim faith are dying, and others' cultural aspects. Members of the group pointed out the many videos and helpful documents highlighted the practices, needs and wishes of various cultures.

APPENDIX A – Example of a Forum monitoring visit – the HART team (CQC 10,11)

APPENDIX B – Example of quality improvement submission to the LAS

APPENDIX C - QUALITY ACCOUNT IS BELOW

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

QUALITY ACCOUNT STATEMENT FOR 2019-20

& RESPONSE TO THE LAS QUALITY ACCOUNT

APRIL 15th 2019

Dear Trisha, thank you so much for asking the Forum respond to your Quality Account priorities for 2019-2020. We have separately sent you our response to your key priorities for 2019-20, and have also sent you a list showing some of the Forum's key achievements for 2018-19.

Our statement for 2019-2020 is as follows:

1) **CO-PRODUCTION WITH THE LAS**

Our collaboration with you and your team is very positive and creative and has led to some important developments, including the Complaints Charter, which is now being highlighted in acknowledgement letters to all those who have made complaints to the LAS. We are also value the joint development of the Patient Specific Information leaflet for patients and carers.

2) **MONITORING EOC AND 111 SERVICES – MENTAL HEALTH CARE**

Fifteen of our members have visited EOC in Bow and Waterloo and the 111 centre for south east London. Our theme on this occasion has been the care of patients with mental health problems. Our members were well received and learnt a great deal about the operation of these three centres. We will extend this programme to north east London in the next few weeks. As a result of our observations: **WE RECOMMEND-**

a) Further development of mental health triage in EOC. Despite the significant developments of the mental health team, the duty of 'parity of esteem' is not being adequately exercised. As an example, most mental health related calls are not currently directed to a mental health nurse, and consequently some responses to patients lack the expertise that mental health nurses can provide, e.g. in relation to suicidal ideation. Thus, patients with similar conditions may get a very different response. We fully support the mental health car pilot that is currently being evaluated, and hope that a successful roll out across London of this service, will in time mitigate some of these difficulties and create more responsive services for patients in a mental health crisis.

b) The LAS should make representations to national ambulance forums to improve and update the 'mental health card' used in EOC. This should include a wider range of mental health conditions and events, e.g. anxiety, depression,

psychosis and risk of suicide.

c) More mental health nurses should be employed to work in the EOCs, because when there is only one mental health nurse available, access to specialist mental health support is insufficient. If more mental nurses were available more mental health calls could be directed to a specialist local support team. We understand that the LAS will support development, if evaluation of the mental health car provides a strong argument for roll out across London, and if funding following a successful evaluation is available from commissioners.

d) There needs to be for greater access to psychiatric liaison/relationship building with all local mental health teams in London, to reduce the risk of patients being sent to A&E as default. At the moment it appears that where an EOC mental health nurse is already familiar with the mental health team in a particular area, that the relationship works well and local services can be accessed more easily. This collaborative working relationship needs to be developed and extended to all mental health trusts in London – including and beyond SLAM and Oxleas.

e) The continuing use of a question to patients with mental health problems regarding their potential use of violence is inappropriate and should be stopped. Similarly, that the advice to patients in a mental health crisis waiting for a response, not to eat or drink should be abandoned as poor practice. We strongly recommend that the LAS raises these issues at national ambulance service forums, because the current situation can undermine appropriate responses to the care of patients with mental health problems and is antithetical to good clinical practice.

3) ACCESS TO THE SECURE ENVIROMENT FOR EMERGENCY RESPONDERS - Category 1 and 2 ARP calls.

Currently no data is available on the time taken for paramedics to reach patients in prisons, immigration removal centres and youth offender institutions. Once an ambulance arrives at the prison gates, it appears that the clock stops, despite the fact that a core aspiration of ARP was to be 'patient centred' rather than 'target centred'. The Forum is attempting to gather data on this problem from the Home Secretary and Prison Minister.

WE RECOMMEND -

a) The LAS collects data on the response times for all ARP Cat 1 and Cat 2 calls to the gates of all secure estate institutions in London for a period of 3 months.

b) The LAS requests paramedics and EACs who respond to calls to the secure estate, to record the time taken from arrival at gates to patient contact, for a period of 3 months.

4) SICKLE CELL DISORDERS

There has been significant progress in relation to the training of front-line staff

into the needs of patients with sickle cell disorders. CARU audits have shown how this training has enhanced patient care. Work continues with the Sickle Cell Society and the LAS Academy in relation to the production of staff training videos, the first of which relates to pain control for children and young people, which should be available in 2019. **WE RECOMMEND -**

a) That comprehensive staff training in relation to sickle cell disorders is annually kept up to date for all front-line staff.
b) That CARU carries out a new survey of people with sickle cell disorders who have used LAS services, to determine if the quality of care for patients with sickle cell disorder remains of high quality and continues to improve.

5.0 COMPLAINT INVESTIGATIONS

The Forum is working closely with the LAS Chair**,** Complaint's and Quality teams, to carry out joint audits of complaints. We will jointly recommend how the process can be made more sensitive and responsive to the needs of people who have complained, and how the complaints system can lead to enduring improvements in front line LAS services. **WE RECOMMEND -**

a) Service improvements resulting from complaint investigations should be widely publicized, to give people who make complaints the assurance that their complaints contribute to enduring service improvements.

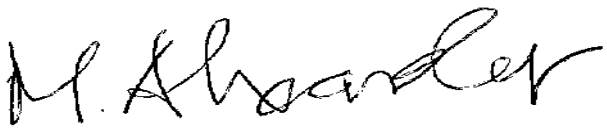
b) The joint team reviewing complaints should have the opportunity to write to complainants to seek their views on the outcome of the investigation of their complaints.

6.0 VOLUNTEER STRATEGY

a) The Forum is disappointed at the delay in publishing the LAS volunteer strategy. We have submitted to the LAS a proposal for the development of a volunteer programme aimed at promoting greater participation of BME communities in the work of the LAS, and we would like to see the implementation of a volunteer strategy that enhances BME community participation in the LAS.

b) We would also like to see an enhanced process, to ensure that CFR volunteers are recruited more actively in every London borough and a more effective process is introduced to ensure that they can quickly take up their CFR role after training has been completed.

Malcolm Alexander



Chair

Patients Forum for the LAS
07817505193

PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

July 8th 2019

Dear Trisha, we were somewhat disappointed by your response to our QA submission and would be very grateful for further discussion on the issues below.

1) CO-PRODUCTION CHARTER

This Charter does give a unique opportunity for enhancing and growing the production of patient centred services. We have only received one amendment from the Board and cannot understand the reluctance of the LAS to sign up. We hope soon to have the support of all of London's Healthwatches.

I am sure also that when Antony joins the LAS that he will appreciate the dynamic advantages of further collaboration and co-production with patients and the public.

2) MENTAL HEALTH CARE

We do not think that you have addressed sufficiently the following issues? Our colleagues in Mind were also disappointed by your response.

- Duty of 'parity of esteem' is not being adequately exercised.
- Most mental health related calls are not currently directed to a mental health nurse,
- Concerns about responses to patients in relation to suicidal ideation.
- Patients with similar mental health conditions may get a very different responses.
- Involvement in the development of the new MH hub. We have never seen any report on the development of a MH hub.
- Development of the EOC 'mental health card', which is really inadequate.

- The provision of mental health nurses is currently not adequate and bearing in mind the large number of mental health calls, the number of patients who get a ‘parity of esteem’ MH response is very low.
- We appreciate your journey to the pan London mental health hub, but there are patients suffering now, whose needs should be better addressed through enhanced access to MH nurse and liaison psychiatry. Keeping people out of A&E is an important goal, but providing the right alternative service is essential.
- The continuing use of a question to patients with mental health problems regarding their potential for violence is inappropriate and should be stopped, because it undermines the goal of parity of esteem and results in an inappropriate response to patients. If these questions are part of a nationally agreed standard, then we must work together and with Mind to ensure that this poor practice is stopped.

3) DO NOT EAT OR DRINK APART FROM SIPS OF WATER
   Whilst we appreciate the importance of this question for some patients, using it for all categories of patients is wrong and sometimes harmful. Why tell a person who is severely depressed and feeling suicidal not to eat or drink?

4) ACCESS TO THE SECURE ENVIROMENT FOR EMERGENCY RESPONDERS
   We do not understand why a 3-month pilot can’t be started to gather some useful information about access to seriously ill patients in the secure estate. I can’t imagine that is would any time to record: a) arrival at gates, b) arrival at patient contact, c) end of patient contact, d) arrival at gates. Maybe five minutes to collect and submit by email to HQ.
   The Forum is meeting with the Ministry of Justice on this matter and it would be very useful to have more data to share with them during our discussions.

5) ePCR
   We understood from your one-year review of the Strategy that the ePCR was subject to delay, but maybe we misunderstood.

6) SICKLE CELL DISORDERS
   We are very pleased with progress on this issues and Eula Valentine form the Merton Sickle Cell Group would be happy to present to front line staff on this issue during CSR. She is in contact with CARU.

7) COMPLAINTS AUDITS
   We are pleased with the development of this work. Our team will change as one member has left the Forum due to ill-health. I think we are still unclear how satisfied complainants are with outcomes and this is an important development for the future, as is sharing recording of telephone conversations about

complaints to complainants. Publicising the recommendations produced as a result of complaint investigations, to give people who make complaints the assurance that their complaints contribute to enduring service improvements is extremely important. We do not believe that GDPR inhibits contact with complainants, providing their prior consent is obtained.

I would like to thank you for your continuing support and collaboration with the Forum, in our shared ambition to continue the improvement and enhancement of services provided to patients by the LAS.

Very best wishes
Malcolm Alexander
Chair
Patients' Forum for the LAS