



PATIENTS' FORUM'S PLAN FOR ENHANCED URGENT AND EMERGENCY CARE – 2017

1) A&E Handover – Ambulance Queues

Thousands of hours are being wasted as ambulance queue outside A&E departments waiting to discharge patients to A&E clinical staff. This is appalling for patients waiting in ambulance for diagnosis and treatment and appalling for patients waiting for an ambulance to arrive. In one week in December 1700 hours of ambulance time were lost in senseless queuing. Despite promises from NHS England that action would be taken to deal with this situation they have clearly failed to resolve the problem. Further cuts proposed in STP plans will make the situation even worse.

We propose the following for 2017:

- A) NHS England must give a public commitment through their Regional Director, Dr Anne Rainsberry that all ambulance queues will be abolished within three months.
- B) The LAS must be given powers to require providers to take immediate action as soon as the LAS identified pressure building up at an A&E department, i.e. queues that are delaying the handover of patients and preventing ambulances from attending to other seriously ill patients.
- C) Data must be published weekly to inform the public, Healthwatch and politicians of ambulance queues outside London's A&Es.
- D) Information must be provided on the impact of long delays for patients in the ambulance queues. It is important to note that some patients may have already waited several hours for an ambulance, and after discharge to A&E may wait several more hours before admission or discharge.
- E) NHS England must give assurance that STP plans will not cause a further deterioration in waiting times for an ambulance and discharge to A&E.
- F) The Forum will organise scrutiny of hospital ambulance queues in liaison with Local Healthwatch and voluntary sector organisations. The results will be published and shared with the LAS and commissioners.

2) Alternative Care Pathways - ACPs:

Alternative care pathways provide a means of providing care to patients outside of A&E departments and acute hospitals. Care can be provided in a person's home, in clinics, urgent care centres or through GP and social workers. The DoS (Director of Services) provides detailed information about these local services and is updated regularly by 111. But these services are often not there when required, may be closed when needed or may be busy with other patients because the services are understaffed. Consequently patients are taken to A&E even if this is not the best place to get the right care and treatment for them.

We propose the following for 2017:

- A)** All patients should be provided with care that is right for their condition – not what is available but the service that meets the needs of the patient. RIGHT CARE FIRST TIME.
- B)** Governance of ACPs must ensure they exist, are available and functioning, are working well, easy to access and that data is available about the frequency of use and outcomes of care.
- C)** Paramedics must have the confidence they can discharge patients to ACPs because they are certain they are a safe and appropriate disposition for the patients.
- D)** Information and communications technology (ICT) must be available between front line paramedics and community health and social care services so that they can locate local appropriate services for patients.
- E)** Paramedics must have smart phones to access services and gain appropriate access to patient medical records when required.

3) Category C Targets

The target changed in August 2016, which enabled LAS to appear to be more responsive to Cat C calls. Cat C targets are not national targets in the same way as Cat A calls. Therefore, Cat C responses are mostly monitored by the LAS itself rather than by the commissioners. Patients receiving a Cat C response may be vulnerable, frail and suffering from serious but not life threatening illnesses.

Cat C Target	Original Target	Ave Compliance in August 2016	New Target	Ave Compliance in Oct 2016
C1	90% response in 20 minutes	63.3%	>50% response in 45 minutes	74.16%
C2	90% response in 30 minutes	67.21%	>50% response in 60 minutes	77.47%

We propose the following for 2017:

- A) Commissioners should closely monitor Cat C responses.
- B) CARU (LAS research) should carry out detailed studies to monitor the consequences of long delays on the care of patients which receive a Category C response.
- C) CARU should carry out a study of patients experiences of receiving a Category C response.
- D) Complaints data should be analysed by the LAS to examine the themes from patients who received a Category C response.
- E) Commissioners should review the change in Cat C targets from the viewpoints of provide excellent clinical care.
- F) Commissioners should fund the LAS to ensure it can meet the traditional 90% Cat C1 and Cat C2 targets.

4) Mental Health

Mental health care provided by the LAS has improved considerably of the past few years. There are mental health nurses in the Emergency Operations Centre, a new Non Emergency Transport Service for patients requiring a mental health assessment who are then transported to hospital and there is extensive training for front line staff. But there are still weaknesses in the system, in particular of the most severely ill patients, e.g. those sectioned on s136. Parity of esteem is essential between patient with physical and mental health problems, and some patients have both.

We propose the following for 2017:

- A) A cadre of Advanced Mental Health paramedics should be developed by the LAS to provide specialist care for patients in mental health crisis. These advance paramedics should work together with the LAS mental

health nurses. There are already Advance paramedics who focus on physical health emergencies.

- B) The Forum will survey all ambulance services in the UK to collect information regarding the training and qualification of paramedics and nurses in advanced mental health work.
- C) The LAS should review its algorithm used in the Emergency Operations Centre for patients in mental health crisis. Patients are asked: “are you violent?”. The question is part of AMPDS and causes delays in treatment of patients because the police may be asked to standby. Other categories of patients are not asked this question. We believe that the parity of esteem duty requires that the question be removed from the Algorithm.
- D) The Forum will request data from the LAS regarding response times for patients detained under s136 of MHA to ensure that there is evidence of rapid response consistent with the duty to ensure parity of esteem.
- E) The Forum will request evidence of effectiveness of and access to the counselling services for staff who suffer trauma and those who may feel suicidal as a result of their work-life experiences.

5) **Equality and Diversity**

Since the CQC visit considerable progress is being made by the LAS in relation to race equality. This work is based on progress the NHS race equality scheme – WRES2. Melissa Berry has been appointed to lead on racial diversity issues and WRES2 and Ricky Lawrence has been appointed clinical adviser on equality and safety. Diversity of some staff groups is changing for example in the Emergency Operations Centre and some middle management posts. No new evidence of enhanced diversity is available for front line staff. The Chair of the LAS is committed to making the LAS a more diverse organisation as is Mark Hirst the Director of HR. Meetings are being held with BME staff to hear about their concerns – the Chair and Melissa are leading this process. The commitment to change is robust, but a clear strategy is needed to make this happen in a systematic way.

We propose the following for 2017:

- A) The Forum want assurance that the LAS infrastructure is adequate in the long term for them to comply with WRES 2 and the Equality Act 2010?
- B) The Forum will seek assurance from the LAS Board that their infrastructure is appropriate to ensure employment of people with all protected characteristics described in the Equality Act.

- C) We will press the LAS to initiate the development of adult access courses for those wanting to becoming a paramedic, particularly targeting BME communities.
- D) We shall closely examine data on ethnicity and other protected characteristics to ensure that the LAS is becoming a diverse organisation and produce a follow up to our previous 10 year study of LAS racial equality.
- E) We will continue to press the LAS and NHS Improvement to ensure diversity amongst members of the LAS Board.

- F) We will work with the new Equality and Diversity Committee to develop a strategy and action plan that ensures the LAS complies with WRES2 and the Equality Act in relation to all protected characteristics.
- G) We will press for training for all staff in the EOC and front line staff in relation to culture, language and protected characteristics

6) Homelessness

With the rising levels of homelessness in London, the Forum would like to see a greater focus on the needs of homeless people when they are provided with care and treatment by the LAS.

We propose the following for 2017:

- a) To gather information on how the LAS respond to patients who are homeless? Is there focussed training and advice for front line staff.

- b) Do staff refer to agencies like St Mungoes?

- c) Does Safeguarding training include a focus on the needs of homeless people?

7) Complaints

Complaints investigations and outcomes have been highlighted as a priority by the Chair of the LAS Heather Lawrence and the Director of Quality Briony Sloper. The complaints team led by Gary Bassett do an excellent job in investigating. Complaints, but there appears to be a lack of resources to ensure that the LAS learns from complaints and that people who complained are advised about consequent sustained service improvements. We would also like to see evidence that staff appraisals for front line staff are having an impact on frequency of complaints regarding attitude and behaviour of staff.

We propose the following for 2017:

- a) To obtain data on outcomes and sustained improvements in LAS services as a result of complaints investigations.
- b) Seek evidence that complainants feel valued as contributors to the improvement of the LAS and are advised about service changes arising from their complaints.
- c) Investigate how successfully other ASs investigate complaints.
- d) Work with the new Director of Quality to ensure complaints investigations and outcomes are prioritised.
- e) Monitor the effectiveness of the new leaflets on complaints which have been placed in each ambulance.

8) Preventing Further Deaths - PFD Notices

Reports to prevent future deaths are made under the Coroners and Justice Act 2009 and Regulations published in 2013 which give Coroners a wide remit to make reports to prevent future deaths. A body that receives a report must send the Coroner a written response within 56 days:

We propose the following for 2017:

- A) Develop a process of bringing bereaved families, the LAS, Forum members and the voluntary sector (where appropriate) together when there has been a death that has been examined by the coroner and a PFD notice has been issued.
- B) Use this approach to facilitate service improvement following tragic incidents that result in a patient's death..

9) Joint Work with Healthwatch

Many of our members are active in Healthwatch, which is the statutory body representing patients in the NHS. The influence of patients and the public could be greatly enhanced through collaboration between the Forum and Healthwatch. We regularly send LHW data about the operation of the LAS and they are invited to all Forum meetings.

We propose the following for 2017:

To hold a joint meeting with London's Healthwatches in March 2017 in order to share experience of the LAS and prepare joint recommendations to the LAS, Commissioners and Annual Quality Account.