PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

Priorities for the London Ambulance Services Commissioners and London CCGs: Urgent and Emergency Care 2015-6

SEPTEMBER 25TH 2014

Specific Care Plans and End of Life Plans (e.g. Coordinate my Care)
The capacity of the LAS to respond to 'end of life' care plans must be substantially increased - the number of people currently using this service is very low.
Patients with specific care plans must be treated according to their plan and, where patients have specific needs, they must be transferred to the appropriate specialist clinical service, hospice or social care facility. CmC needs more investment from commissioners to speed up implementation and access to a wider community of need.

Access to transport for people who are terminally ill.
Commissioners must ensure that LAS transport is available to transport people who are at the end of their life and need transfer to a hospice or other appropriate facility. Delay during the last days or hours of a person's life can have tragic consequence for the dying person and their family and friends. People needing end of life care must be a priority for Commissioners.

Mental Health Care
Significant progress has been made by the LAS following the decision by the Commissioners to give some priority to mental health care. We recommend the Commissioners require the LAS to 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 should be required to be continuously and dynamically trained in the care of people with mental health problems, bearing in mind the special needs of people with learning difficulties and the need focus on cultural, language and age related issues.

Pre-Hospital 'dementia care' must be commissioned to meet the specific needs of patients with cognitive impairment
The Commissioners should ensure that the LAS have clear effective dementia pathways for patients, in collaboration with hospitals and where possible community care professionals, to ensure 'right care first time' for patients with cognitive impairment. This should include specific training, the further development of the LAS Clinical Support Desk to ensure its capacity and expertise to advise clinical staff on assessing cognitive impairment and pain. Access to appropriate care pathways for patient with cognitive impairment must become fundamental to providing right care, first time. See also our document: 'Our Dementia Challenge to the LAS and LAS Commissioners'. As an indication of the progress made over the past year, following

Commissioners highlighting this issue, the LAS has made the following comments:
It is important that LAS staff have increased knowledge and awareness of dementia to be able to better assist as well as identify patients who require further referral/ support from the appropriate service. In light of this our CSR 2014 which has gone live in April 2014 has a section on Dementia, common symptoms and how to communicate with dementia sufferers. LAS is part of the PLDAA which allows us to keep up to date with and network with subject experts in our dementia provision. We are also heavily involved in promoting the PHE/ Alzheimer's Society Dementia Friends Campaign in an effort to raise awareness not only to our clinical staff but all staff and help in making London a Dementia friendly city. In the long term, we plan to engage with patient groups to establish what good care in dementia looks like in an ambulance service.

Services for Patients who are dangerously intoxicated
Commissioners should ensure the availability of specific LAS services for people who are heavily intoxicated. This development should be carried out in partnership with other expert providers of health and social care and alcohol charities. Providing care in areas where drunkenness is common, provides potential access to safeguarding, relieves pressure on emergency services and enables staff to put patients in touch with alcohol counsellors to help them resolve their alcohol overuse problems.

Building effective partnerships between the LAS and local health and social care services
Teams that prevent inappropriate A&E admissions like Paradoc are excellent, but to be most effective must be able to access non-emergency community services, e.g. falls teams, mental health care, social services etc and also ensure that samples for lab testing can be analysed rapidly. Preventing transfers to A&E without fixing the problem, e.g. by ensuring the patient is connected with a reliable GP or community service, risks leaving a patient to deteriorate, possibly leading to an emergency admission some days later.

This type of joined up approach fits well with Keogh's aspiration that by: *"extending paramedic training and skills, and supporting them with GPs and specialists, we will develop our 999 ambulances into mobile urgent treatment services capable of dealing with more people at scene, and avoiding unnecessary journeys to hospital."*

*S*uccess is dependent upon ensuring that primary care is working at peak performance – which is often not the case, because GP services are being undermined by NHS England's current attack on the finances of many GP practices. CCGs need to ensure that NHS England, as lead commissioners for primary care, is operating to promote effective performance by every GP practice. Commissioners should ensure that the LAS is required to connect front line staff with alternative and appropriate care providers, which provide an alternative to A&E and are subject to effective governance that ensures patient safety and continuity of care. Direct access to the Directory of Services (DoS) for paramedics is essential so that they can refer patients without going through LAS HQ. Paramedics must also be provided with direct access mobile phones so that they can contact local services directly.

Consult the public about appropriate use of urgent and emergency care
Managers and clinicians often complain about patients making the wrong decisions in relation to choosing which urgent care service to use, but rarely consult patients about how best to organise urgent and emergency care services and make the right choice when they have a health crisis. Commissioners should consult with patients about the best configuration for urgent

and emergency care services to ensure: Right Care, in the Right Place at the Right Time.

Information about Urgent and Emergency care services on every bus stop/shelter
Advertising about the use and misuse of A&E has failed because it does not highlight how to get appropriate accessible care – current public information seems to highlight A&E instead of alternatives. The urgent and emergency care system is confused and therefore confuses patients. Accurate high quality information needs to be placed at every bus stop/shelter, railway and tube station in London informing the public about how to get the right care for their condition at the time they need it.

NHS England in partnership with CCGs must ensure that capacity, response and effectiveness of Primary Care is massively improved.
Many of the problems in the urgent care system are due to low capacity in some primary care general practices. Patients wait too long for appointments and consequently make decisions they consider to be in the best interest of themselves and their families, which often result in attendance at A&E. If GPs are the 'front line' they must act like the 'front line', by providing appropriate, timely, continuing care. This would stop patients going to A&E for want of an effective local primary care service. Primary care is failing too many people and is the primary cause of the rise in A&E attendances.

The 111 Service – need for effective pan London commissioning
The 111 service is poorly advertised, the service is inconsistent across London and the Directory of Services (DoS) used by 111 is not accurate enough – it needs to be constantly updated, and guarantees provided that the listed services actually exist and are available when required by 111 providers, paramedics and GPs. Governance of the 111 service across London is weak and the service is sometimes unreliable. Eleven 111 services in London operating differently and inconsistently creates an inefficient and ineffective means of providing pan London accessible integrated care.

NHS 111 must be able to directly book appointments with the urgent or emergency care services, which can deal with the patient's problem, as close to their location as possible (which could include a booked call back from a GP, an appointment at an urgent care centre, an appointment with GP out of hours services, a home visit, or an appointment within a hospital emergency department). NHS 111 must be able to identify potentially life- threatening problems, and dispatch an ambulance themselves without delay, or re-triage, and support the patient prior to the vehicle arriving. The 111 service run by the LAS in Beckenham provides a good operating model and commissioners should give consideration to commissioning the LAS to operate 111 for the whole of London. This would be more efficient, effective and save a great deal of money.

Access to patients' medical report by front line clinicians
In line with Keogh's 'Review of Urgent and Emergency Care', we strongly support the practice of clinicians within the NHS 111 service having access to relevant aspects of a patient's medical and care information (with the patient's consent), including knowledge of the patient's medical history; so that patients and clinicians can through shared decision making, achieve the best outcomes for the patient. This longstanding ambition must be realised as a matter of urgency so that paramedics and other frontline clinicians can be provided with access to information about the patients they are diagnosing and treating.

The role of commissioners in relation to LAS complaints

We would like to see evidence of a new approach from the LAS Commissioners that is consistent with a statement made by the Chair of the Health Select Committee on May 13th 2014 during the inquiry into the investigation of complaints:

> Chair: Should it not be simply unthinkable that a commissioner places a contract with public money to secure access to health care without first satisfying them that there is a proper complaints handling process by that provider? Should it not be a pass/fail test?

Malcolm Alexander
Chair
Patients' Forum for the LAS