



Patient Representative Reference Group: 9th December 2014

Questions and Answers

Question	Answer
Since 111 was introduced, how has this impacted on the LAS?	We have worked closely with all 111 providers since it was rolled out across London in April 2013 – we have also become a step-in provider at Beckenham. The impact on LAS is similar to NHS Direct (NHSD) and, like NHSD, the 111 providers have assisted in the enhanced assessment of less serious 999 calls to ensure the patient gets the most appropriate treatment.
Why are the Met Police being used to supplement LAS?	The Metropolitan Police Service (MPS) does not routinely assist the LAS in service delivery. As part of our business continuity planning for the period of industrial action in 2014, as part of the national pay dispute, MPS were deployed to drive ambulance vehicles supported by LAS clinical staff. The national pay dispute has now been resolved and there are no further planned periods of industrial action.
Are you recruiting specialist paramedics? In which case would that cause compartmentalisation and dilute the overall strength / capacity issues?	No. We have opportunities for LAS staff to undertake secondments in specialist roles e.g. hear and treat, HART (hazardous area response team), trauma (with London's Air Ambulance) and neonatal transfers. Advanced Paramedics, Senior Paramedics and the Central Operations teams all respond to a full range of incidents.

<p>Advanced paramedics: what is their skill set? Is this improving care on scene?</p>	<ol style="list-style-type: none"> 1. Clinical leadership & decision-making. Through daily exposure to critically ill and injured patients the Advanced Paramedic Practitioners (APPs) bring a wealth of experience: <ol style="list-style-type: none"> a. Early recognition of subtle signs of critical illness b. Early intervention to prevent deterioration c. Expediting on-scene care and removal to hospital d. On-scene teaching and clinical education; supporting staff to perform procedures and interventions that, although trained and authorised, they may not have done previously e. Excellent understanding of human factors and crew resource management, to allow them to get the best out of the team on-scene, often under very challenging circumstances f. Post-incident debriefing of staff; identifying areas of good practice and areas for learning and development <p>The APPs are also able to recognise when continued resuscitation may not be in the best interests of the patient, and, with support from the on-call clinician, can stop resuscitation attempts.</p> 2. Clinical Skills <ol style="list-style-type: none"> a. Advanced airway management: <ul style="list-style-type: none"> • Lots of experience with all grades of airway, and regular exposure to intubation • Use of videolaryngoscopy for difficult intubation. • Surgical airway b. Respiratory support: <ul style="list-style-type: none"> • Controlled mechanical ventilation • Continuous Positive Airway Pressure (CPAP) in pulmonary oedema
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	<p>c. Cardiovascular support:</p> <ul style="list-style-type: none"> • Cardiac ultrasound in cardiac arrest • Pacing • Cardioversion • Mechanical chest compression • Use of titrated adrenaline in post-cardiac arrest management <p>d. Additional medicines:</p> <ul style="list-style-type: none"> • Ketamine for analgesia • Midazolam for the management of agitation / acute behavioural disturbance and the control of awareness in post-cardiac arrest patients • Intravenous salbutamol in patients with life-threatening asthma • Intravenous magnesium sulphate in patients with life-threatening asthma and eclamptic seizures
<p>Do your staff get LD awareness training?</p>	<p>Learning Disability (LD) training is included in this year's Core Skills Refresher (CSR) training for clinical staff. It was also provided to 300 staff during 2012, as part of the preparation for the London Olympics.</p> <p>The areas covered in the current CSR are:</p> <ul style="list-style-type: none"> • Discuss what a learning disability is • Identify conditions associated with learning disability • Discuss the importance of a hospital passport for those with a learning disability • Identify the reasons for challenging behaviour in people with learning disabilities, and ways to approach, assess and communicate with them • Discuss the 'traffic light' considerations when caring for a patient with learning disabilities <p>We also have guidance on making adjustments for staff taking written exams who have been statemented with Dyslexia, e.g. more time, different paper where appropriate, and two of our tutors have received training in using an assessment tool for students if a problem is identified.</p>

<p>Where and when do the LAS use private ambulances? Cost? Under stand but not happy.</p>	<p>The LAS currently uses private ambulances from the NHS provider framework, to support service delivery by supplementing core ambulance provision. This helps to mitigate the current vacancies the LAS has in frontline resourcing. These providers are subject to robust clinical governance and clinical audit.</p> <p>We currently deploy private ambulances where the cover requirements are greatest and this is a very dynamic process. We have a dedicated operational manager that manages the use of private ambulances across the Trust.</p> <p>The cost of these resources are met through the vacancy factor we have in frontline operations. As we recruit more frontline staff we will seek to reduce the number of private ambulances we deploy.</p>
<p>A key message seems to be that 85-90% utilisation rate is too high and is the cause of much of the stress under which LAS is operating. What would be an acceptable utilisation rate?</p>	<p>We are working closely with commissioners and colleagues in NHS England (London) and the Trust Development Authority to reduce our level of utilisation in line with the average rate you would expect to see for a metropolitan ambulance service. We are using national benchmarking data to identify this level.</p> <p>We are always exploring new ways to manage our demand in the most clinically appropriate way. We are also closely engaged with the wider healthcare system in London to develop services and pathways that will reduce the requirement to send a frontline ambulance and reduce conveyance to Emergency Departments.</p>

<p>Do private ambulance staff have the same standards as LAS? Are they state registered?</p>	<p>The Trust currently has four private providers working for us in frontline operations. These are X9, Medical Services, ERS and St John Ambulance. All four providers are registered by the Care Quality Commission (CQC) and are deployed across London, mostly to lower priority (Category C) calls.</p> <p>Each private provider deploys an ambulance and crew which is equivalent to that of the LAS. The lead clinician will have a minimum grade of Emergency Medical Technician (EMT). Our contracts with private providers specify that equipment, and the medication stocked on board the ambulance, is to the same level as a core LAS ambulance.</p> <p>All crews follow the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) national ambulance guidelines and receive an LAS familiarisation and orientation training package to prepare them for working around London.</p> <p>The LAS maintains a list of all clinicians and staff who are approved to work with our private providers. We also ensure that they are checked by the disclosure and barring service (previously known as the criminal records bureau) and have completed relevant safeguarding training. All of these approved clinicians have been issued with an LAS reference number so that we can audit individual performance and delivery of care.</p> <p>In order to further strengthen these arrangements, we appointed a dedicated paramedic in June 2014 to oversee all of the frontline private provider contracts. Based at our headquarters in Waterloo, this role ensures that we monitor the providers' clinical care delivery, contract adherence and operational performance.</p>
<p>Please conduct a cost benefit analysis to explore value of investing in training rather than paying high private sector costs.</p>	<p>We have robust recruitment and training plans in place and these are delivering against the targets we have set ourselves. As above as our core establishment starts to fill we will reduce private ambulance support accordingly.</p>