



# **PATIENTS' FORUM AMBULANCE SERVICES**

**Recommendation to the  
London Ambulance Service and  
London's NHS Commissioners  
2009 -2010**

# Patients' Forum Ambulance Service – London

*Neil Kennett-Brown, Director of London Ambulance Services Commissioning  
Margaret Vander, Head of Patient & Public Involvement and Public Education*

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# **Patients' Forum Ambulance Services – London**

## **The Commissioner's assurance to the Patients' Forum:**

"I welcome working closely with the Patients' Forum, as lead commissioner, we are committed to working with patients and users of services, so we understand their needs and aspirations for Ambulance Services in London."

*Neil Kennet-Brown, Director of London Ambulance Services Commissioning*

## **The London Ambulance Service assurance to the Patients' Forum:**

"I hope you find these comments helpful. As you know, we remain fully supportive of the Forum's work and will continue to involve members in our activities this year. The comments we have made on your Annual Report are mostly on points of accuracy, although some other aspects of the Report's recommendations may require further discussion in terms of managing members' expectations."

*Margaret Vander, Head of Patient & Public Involvement and Public Education*

**Commissioning the London Ambulance Service – The Forum RECOMMENDS to the Commissioners:**

Forum Recommendation	LAS Response	Next steps
<p>That patients and users across London are able to have their voice heard and their needs and aspirations acted on by the Commissioners.</p>		
<p>Leads:</p>		
<p>Prioritisation of continuous and appropriate training for all front line staff, paramedics and technicians.</p>		
<p>Leads:</p>		
<p>Continuous and effective clinical audit and review with a strong focus on clinical outcomes and robust learning for all clinical staff.</p>		
<p>Leads:</p>		

A commitment to equal access and equal service quality for all patients.		
Leads:		
A commitment to diversity, inclusion and equal opportunities for staff and new applicants.		
Leads:		
Development of effective and continuous access to appropriate care pathways that meet patients' clinical needs in <b>every</b> London borough – combined with effective audit system that demonstrates that both access and clinical effectiveness are assured.		
Leads:		
Effective user-focused commissioning can create services that are safer, more effective and provide specific care that meets the particular needs of patients who are in need of emergency and urgent care.		
Leads:		

### Response from the Commissioners:

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“We agree with these recommendations and will work to ensure they are implemented through contractual levers and service development.”

## Public involvement and the LAS - We RECOMMEND:

Forum Recommendation	LAS Response	Next steps
<p>Feedback should be regularly published on the impact of public involvement on LAS strategy, policy and practice.</p>		
<p>Leads:</p>		
<p>This information should be made easily accessible so that people outside the LAS know what impact there has been as a result of their involvement.</p>		
<p>Leads:</p>		

**Category A Response - We RECOMMEND:**

Forum Recommendation	LAS Response	Next steps
<p>The LAS should carry out a retrospective study of the 4591 patients who were classified as Category A in 2009 but did not receive a Category A response, to assess the consequence of them not receiving a Cat A response.</p>		
<p>Leads:</p>		
<p>The LAS should provide clinical outcome data to justify providing a Category A service within 8 minutes for some patients, 19 minutes for others.</p>		
<p>Leads:</p>		
<p>The LAS should plan for a gradual increase in the number of life-threatened patients who receive a service within 8 minutes. Costing should be provided for 1% increase in performance above the current 75% response within 8 minutes.</p>		
<p>Leads:</p>		
<p>The LAS should demonstrate how they intend to achieve Clinical Performance Indicator completion rates of 95%.</p>		
<p>Lead:</p>		

## Staff training and multi-disciplinary reviews of patients' care - We RECOMMEND:

Forum Recommendation	LAS Response	Next steps
<p>The LAS should arrange for all paramedics and technicians to be supported and encouraged to meet with A&amp;E and other hospital clinical staff in formal multi-disciplinary meetings, to review and learn from the care of patients who have been in their care.</p>		
<p>Leads:</p>		
<p>Commissioners should ensure that funding supports staffing levels sufficient to enable all front line LAS staff to participate in training programmes that ensure they are fully, continuously and appropriately trained to carry out their duties to the highest possible standards. This should include participation in multidisciplinary reviews of patients' care.</p>		
<p>Leads:</p>		



## Commissioner's response – staff training

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Once the staff is fully in post (by end of March 2010) we, as Commissioners, would expect that the uptake of training to improve significantly (as well as maintenance of the performance).

We should like to reiterate our commitment as Commissioners for all front-line staff, paramedics and technicians to be fully, continuously and appropriately trained to carry out their duties to the highest possible standards.

The new Clinical Performance Indicators support the wider quality agenda and we agree that understanding clinical outcomes from across the system is very important.

I will explore your specific proposal about joint multi-disciplinary clinical meetings with the LAS and will look to their feedback on this. I can assure you that we are keen to ensure there is robust learning around whole systems clinical outcomes.

*Neil Kennett-Brown, Director of London Ambulance Services Commissioning for London*

## Patient Transport Services (PTS) – We RECOMMEND

Forum Recommendation	LAS Response	Next steps
<p>That effective user-centred PTS will advance the health and well-being of patients, help relieve sickness and suffering, and create more efficient ambulance services.</p>		
<p>Leads:</p>		
<p>That the LAS adopt the Forum’s Quality Standards for PTS. These have already been accepted by the North East London PCT sector, and negotiations are continuing with the other commissioners and the London P Programme.</p> <p>User involvement, choice and patient centred services are at the core of this recommendation.</p>		
<p>Leads:</p>		
<p>Patient involvement in PTS commissioning should be supported as an important contribution to reducing health inequalities, improving service quality and promoting patients’ wellbeing and empowerment.</p>		
<p>Leads:</p>		

There should be full involvement of users, the Patients' Forum and LINKs in the tendering process for all PTS in London.		
Leads:		

## Communications with patients - We RECOMMEND:

Forum Recommendation	LAS Response	Next steps
<p>The development of a programme to recruit Emergency Operations Centre staff that can practice clinically in more than one language.</p>		
<p>Leads:</p>		
<p>Research to assess the potential clinical impact on patients who receive a slower service because they cannot clearly describe their symptoms because of communications difficulties.</p>		
<p>Leads:</p>		
<p>LAS support and fund LAS staff who speak a second language to take the Institute of Linguists Diploma in Public Service Interpreting (DPSI)</p>		
<p>Leads:</p>		

<p>The LAS should be given the highest priority for access to the Language Line interpreting services and provide evidence that audit is carried out, of languages provided for users of the LAS.</p>	<p>The LAS will be producing a new Trust Interpreting and Translation Policy, on which we will consult the Patients' Forum / LINKs. This is one of the key actions in the Equality &amp; Inclusion Strategy Action Plan.</p>	
<p>Leads:</p>		

## Response from the Commissioners ...

I can confirm that we are committed to the equalities agenda as Commissioners. This is already built into the contractual framework. The challenge is to ensure that this commitment leads to real equality of service for all patients.

The differing needs of Londoners will require some specialist services, such as those you have highlighted in your letter for people with hearing and speech disabilities, or those who have limited English language skills.

We shall maintain our commitment to equalities in our commissioning intentions for 2010/11, and we would be happy to work with the Patients' Forum and LAS to ensure that there is a clear improvement plan to address the challenges in this area.

## Polyclinics - We RECOMMEND:

Forum Recommendation	LAS Response	Next steps
<p>All Polyclinics should be fully part of the NHS and not set up by private organisations seeking to profit from the NHS.</p>		
<p>Leads:</p>		
<p>Local people must decide how polyclinics develop in each area. The prevention and relief of sickness will be enhanced if local people have a major role in the development of polyclinics.</p>		
<p>Leads:</p>		

<p>If acute services are transferred to polyclinics, the money should follow the patient and this should include equivalent access to PTS.</p>		
<p>Leads:</p>		
<p>The health needs of Londoners will be better served by directly run NHS services.</p>		
<p>Leads:</p>		
<p>The efficiency and effectiveness of PTS will be best served if resources follow the patient from the acute to the community sector.</p>		
<p>Leads:</p>		

## C1 Driving Licences for new paramedics - We RECOMMEND:

Forum Recommendation	LAS Response	Next steps
<p>That the LAS make available resources to pay C1 costs for 30 new entrants to the LAS each year (approximately £30,000) whenever there is a period of active recruitment.</p>		
<p>Leads:</p>		
<p>That payment of C1 costs for 30 new applicants are targeted at groups under-represented in the workforce and advertised as bursaries.</p>		
<p>Leads:</p>		



## **Diversity in the LAS workforce - We RECOMMEND:**

Name of the LAS team and function is now Equality & Inclusion.

With regard to the Patients' Forum's active engagement with the Trust, the LAS think it would be helpful for people to know that they have specifically invited Patients' Forum representation onto the senior management committee overseeing all equality and inclusion work in the Trust – the Equality & Inclusion Steering Group – and since the inception of this group in November 2009, the Patients' Forum has attended every meeting. We also held two workshops at the 2010 Patient Care Conference, seeking patients' and service users' priorities for inclusion in the Equality & Inclusion Strategy action plan.

<b>Forum Recommendation</b>	<b>LAS Response</b>	<b>Next steps</b>
<p>That the LAS should welcome advice from the Equality and Human Rights Commission on the means of bringing about a transformation of the workforce in terms of its diversity and the way it reflects the population of London.</p>	<p>The LAS is committed to developing a workforce which reflects the ethnic diversity of communities across London.</p> <p>The LAS will promote effective training of all LAS front-line staff in diversity and race equality in the shortest possible time.</p> <p>The LAS thinks it would be helpful if the Forum could make reference to the actions the LAS have agreed in its new 'Equality &amp; Inclusion Strategy Action Plan' since last November.</p> <p>The Forum is a member of the Equality &amp; Inclusion Strategy Steering Group overseeing the development of the new strategy and action plan.</p> <p>The LAS Equality &amp; Inclusion Action Plan pre-dates the Patients' Forum letter to the Equality &amp; Human Rights Commission.</p>	
<p>Leads:</p>		

<p>That the LAS should work with voluntary sector organisations in London to establish, in the medium term, the means of recruiting new staff from underrepresented communities.</p>		
Leads:		
<p>That the LAS should examine recruitment procedures and 'cultures' within the LAS to discover if there are any factors which prevent the development of diversity in the LAS front-line workforce.</p>	<p>The relevant action for the LAS was to produce new 'Positive Action Recruitment Strategy' to attract people from under-represented groups into the Trust workforce.</p> <p>The LAS comments that the Forum's recommendations appear to focus solely or predominantly on ethnicity, and wish to point out that LAS duties, under the new Equality Act 2010, extend to all six equality strands.</p> <p>The new Equality &amp; Inclusion Strategy seeks to develop a workforce representative of all the diverse communities in London, as well as to provide training on equalities across all six equality strand groups.</p>	

	<p>The LAS is committed inclusion of staff from all six of the equality strand groups and promoting equality across all six equality strand groups.</p> <p>The LAS want the engagement of the Patients' Forum / LINKs on each of the equality strands (age, disability, gender, race, religion/belief and sexual orientation).</p>	
Leads:		

## Diversity on the LAS Board - We RECOMMEND:

Forum Recommendation	LAS Response	Next steps
<p>The Appointments Commission should review its recruitment procedures and approaches to advertising vacancies to the LAS Trust Board to determine why the Board fails to reflect the population it serves.</p>		
<p>Leads:</p>		
<p>The Appointments Commission must ensure that future appointments to the LAS Trust Board reflect the diversity of the population serviced by the LAS.</p>		
<p>Leads:</p>		

We wholeheartedly welcome the Forum's stated commitments to working with us on all equality and inclusion issues.

*Janice Markey, Equality and Inclusion Manager*

## Mental Health Care - We RECOMMEND:

Forum Recommendation	LAS Response	Next steps
<p>The LAS should review the care of treatment of people suffering from severe mental health problems who are taken from a public place or their home to assess the clinical outcomes and the patients' views on the care received.</p>	<p>Lizzy Bovill, who is now responsible for policy, has confirmed that a mental health strategy group will be set up to continue to develop this work stream and engage with stakeholders.</p> <p>Nick Lawrance produced a paper for SMG before he left the Trust, and this is due to be presented to SMG in the near future.</p> <p>Dave Whitmore, who I believe has written the Terms of Reference for the new group, will take a lead role in taking the work forward. I am sure he will welcome the involvement of patients and their representatives.</p>	
<p>Leads:</p>		
<p>The LAS should give consideration to developing an expert cadre of paramedics trained as mental health practitioners.</p>		
<p>Leads:</p>		

<p>The LAS should develop an assessment tool to ensure that the LAS, police, social services, GPs and mental health practitioners are working effectively when mental health assessments are carried out on patients with severe mental health problems.</p>		
<p>Leads:</p>		
<p>Patient specific protocols should be actively promoted for patients with severe mental health problems who are regularly admitted to hospital to avoid the use of general A&amp;E services.</p>		
<p>Leads:</p>		
<p>The report on the LAS 2008 Mental Health Conference and the recommendation developed by participants should be published by the LAS.</p>	<p><b><u>Nick Lawrence wrote the following to the Forum in 2009:</u></b></p> <p>I haven't sent anything out since last year's Conference. I know this has taken longer than it should have done and I hope to have something sent out to attendees in the next fortnight. If it's any consolation, the quality and volume of information collected is one of the reasons it has taken me so long to update everyone.</p>	
<p>Leads:</p>		
<p>The Camden Pilot for assessment of patients with mental health problems should be rolled out across London.</p>		
<p>Leads:</p>		

## Complaints and Incidents – We RECOMMEND

Forum Recommendation	LAS Response	Next steps
<p>The LAS should provide the Forum with details of all recommendations arising from the investigation of patients' complaints.</p>	<p>The Forum will receive the quarterly reports on complaints, PALS enquiries, etc. through participation in the new Learning from Experience Group, which will monitor implementation of actions and recommendations from complaints and PALS enquiries. This information will, in turn, be reported to the Trust Board.</p>	
<p>Leads:</p>		
<p>Recommendations arising from each LAS complaint should be provided immediately the investigation is finished. This should be followed by six monthly reports on implementation of these recommendations with evidence of impact, outcomes and enduring improvements to service.</p>	<p>It would be very tedious and administratively burdensome to report back on each individual complaint.</p> <p>Many complaints are relatively trivial, eg: about road traffic exchanges, the use of sirens in London, etc.</p> <p>The LAS maintain it is more beneficial to consider emerging themes across the totality of feedback and cases of particular merit, not because I have no wish to openly share and report information, quite the opposite.</p> <p>The vast majority of complaints is about delayed response times and staff attitude. There is a conflict between measuring clinical outcomes and achieving response times. There is often no correlation.</p> <p>As far as staff attitude is concerned, this is often about people, issues and settings, with room for misunderstandings and very differing experiences of the same event – a feature in the context of emergency situations.</p>	

	The LAS is exploring the impact of stress levels, and whether corporate messages (themselves arguably driven by the pressure of achieving response times), influence behaviours.	
Leads:		
The LAS should develop systems to provide assurance that recommendations from complaints have an enduring influence on service improvements over the long term, and this evidence should be provided to complainants.	Many outcomes from such complaints etc drive learning from the practice setting by ensuring that the staff involved undertakes a reflective practice exercise to better understand the patient's perspective.	
Leads:		
The LAS should routinely provide the following information to the Forum: <ul style="list-style-type: none"> <li>• Ombudsman's investigations of complaints against the LAS, with any recommendations.</li> <li>• Serious Untoward Incidents (SUIs), outcomes and recommendations.</li> <li>• Coroner Rule 43 recommendations to the LAS</li> </ul>	There are many drivers to SUIs, including 'near misses' – see SUI policy at <a href="http://tinyurl.com/2ujznqk">http://tinyurl.com/2ujznqk</a>  <hr/> The LAS will expend case examples on the website. We shall include patients' own accounts	
Leads:		
Details of all current SUIs and SUI outcomes should be reported at public LAS Trust Board meetings and published on the LAS website.	SUIs will be published, as promised; we are already working this up. There have been no Health Service Commissioners investigations recently, although this is not necessarily a measure of success or failure.	
Leads:		



## Position of the Patients' Forum on the LAS Foundation Trust

### Foundation Trust

In this section of the report on Foundation Trusts, reference is made to Sally Brearley's presentation at a Forum meeting, and lists a number of statements about Foundation Trusts which we regard as negative and biased. The report fails to mention that, at the same meeting John Wilkins countered these arguments and explained why we feel it is important to become a Foundation Trust. At best, this is an inaccurate record of the meeting.

*Sandra Adams, Director of Corporate Services*

Forum Recommendation	LAS Response	Next steps
<p>If Forum members stand as Foundation Trust governors, they should only do so in order to influence the policies and strategies of the LAS and to represent the public, not to act as "LAS ambassadors".</p>	<p>This statement fails to appreciate that governors are there, not only to ensure the Service is accountable to its members, but also to act as a 'critical friend'. Governors will be failing in their duties and letting down their members - and the Trust - if they are not prepared to take on this part of the role. We will consider this further when we are developing the Code of Conduct for governors.</p> <p>Overall we feel that the information about foundation trusts in the report is counter-productive to the efforts we are making in trying to tell people about our plans and encouraging their participation. The report presents a very one-sided / biased view of our plans to become an FT. There is no consideration given to the discussions we have had with Forum members, both within forum meetings where we have stated the case to become an FT, the role of governors and so on, and those outside, for example our recent meeting with you.</p> <p>We would like Forum members to give serious thought about who they would be representing if any of them were to become a governor, and how they would want this to work, within the spirit of the Act.</p>	
<p>Leads:</p>		

<p>To encourage two Forum members from each LAS Foundation Trust sector and one member from outside London to stand as public governors.</p>		
<p>Leads:</p>		
<p>To write a draft Manifesto based on the Forum's objectives to form the basis of the potential governor's election statements.</p>	<p>We feel that this position gives an inaccurate and mixed message to those who are potentially interested in standing as a governor.</p>	
<p>Leads:</p>		
<p>To work with the LAS to encourage widescale, well funded participation in the governor's elections.</p>		
<p>Leads:</p>		
<p>To advise voluntary sector bodies across London, including the potential voluntary sector governors, of the Forum's strategy in relation to the FT Board.</p>		
<p>Leads:</p>		

<p>To maintain the Forum as a support, feedback and continuity organisation for FT public governors and to encourage LAS FT members to join the Forum.</p>		
<p>Leads:</p>		
<p>To adopt the strap line: “Holding the LAS to account – Enhancing London’s democracy”</p>		
<p>Leads:</p>		
<p>Foundation Trust Board meeting should be open to the public</p>	<p>Peter Bradley, Chief Executive of the LAS, has confirmed that if the LAS became a Foundation Trust its Board meetings would continue to be open as at present.</p>	
<p>Leads:</p>		

## Our DRAFT priorities for the LAS Foundation Trust

### Sandra Adams comments:

The Forum's priorities for the LAS Foundation Trust' shows a lack of understanding about the role of governors, i.e. their role is to ensure the Board of Directors are meeting strategic objectives. It is not their role to set the strategic plans for the Trust, although they will be in a position to influence these.

Forum Recommendation	LAS Response	Next steps
<p><b>1) Equal access and choice of services and treatment</b></p> <hr/> <p>LAS services should be fully accessible and available to all. Neither physical nor mental disability, health problem, language of any aspect of a person's social, ethnic or cultural being, should reduce access or delay access to services.</p>		
<p><b>2) Clinical partnerships with other care services</b></p> <hr/> <p>The LAS should actively work with hospital A&amp;E departments and other healthcare organisations to jointly improve care and care pathways for patients.</p>		

<p><b>3) Training of Paramedics and Emergency Medical Technicians</b></p> <hr/> <p>The LAS should ensure that all paramedics and emergency medical technicians have access to all appropriate training and ensure their development as the most effective practitioners. This must include <u>joint</u> multi-disciplinary clinical audit and review of patient care between front-line clinical staff from the LAS and hospital A&amp;E clinicians.</p>		
<p><b>4) Alternative ways of providing emergency and urgent health care</b></p> <hr/> <p>New ways for the LAS to provide urgent care through NHS Direct and community based services are welcome, but these new pathways must be robust enough to give confidence to the public and LAS crew that they will be available when required, clinically appropriate, fully funded, subject to regular clinical audit and tests of reliable and continuous access.</p>		

<p><b>5) Non-emergency care</b></p> <hr/> <p>The LAS should introduce maximum waits for patients who need help, e.g. older people who have fallen, but may not need an emergency or urgent care service.</p>		
<p><b>6) Mental health services</b></p> <hr/> <p>Significant improvements are needed to ensure that people with severe mental health problems that become ill in the street or in their homes and require emergency care, are treated by paramedics and emergency medical technicians that have specialist training in the care of people with mental health problems.</p>		
<p><b>7) Patient Transport Services (PTS)</b></p> <hr/> <p>The LAS should actively support the Patients' Forum's Quality Standards for PTS. These promote highly effective patients transport services, which are built around dignity, the needs of users and their active involvement in the monitoring, assessment and development of the service.</p>		

<p><b>8) Complaints about services provided by the LAS</b></p> <hr/> <p>The LAS should further develop its approach of learning from complaints submitted by service users. All recommendations for service improvements arising from complaints should be published with evidence of consequent services improvements.</p>		
<p><b>9) Communication with the public</b></p> <hr/> <p>The LAS and NHS Direct should launch a joint information campaign to ensure that all Londoners know how to access safe, effective and appropriate emergency and urgent care.</p>		
<p><b>10) LAS Governors and the public</b></p> <hr/> <p>LAS Governors should meet with users and local groups in each London borough to get feed-back on services provided by the LAS and proposals for service development.</p>		