PATIENTS' FORUM

AMBULANCE SERVICES LONDON LTD

Patients' Forum

KICKED OUT BY THE LAS

ANNUAL REPORT

UPDATED

WWW.PATIENTSFORUMLAS.NET

PARLIAMENTARY VERSION – COMMONS AND LORDS

Patients' Forum Ambulance Services (London) Limited
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LONDON AMBULANCE SERVICE ATTEMPTS TO SILENCE PATIENTS' FORUM

The Patients' Forum for the LAS has had a collaborative, successful and outstanding relationship with the LAS since 2003. We have worked closely with hundreds of LAS staff at every level of the organization, to promote better patient care.

We have monitored LAS services and our members have given huge amounts of time as volunteers to support the LAS prior to CQC inspections. The Forum has also worked closely with the LAS Education Department, which trains staff to become paramedics. We have closely monitored the Emergency Operations Centre (EOC) and the 111 service for 5 hours periods and participated in 12-hour ride-outs. The Forum has also participated in numerous LAS policy committees. We have organized 100s of public meeting to which LAS staff were frequently invited to speak as part of our joint service improvement programme.

Since May 2019, the attitude of the LAS has changed substantially. The leadership have refused us access to their conference room for our monthly public meetings, refused to provide copies of documents, e.g. board papers, and stopped sending us monthly ambulance performance reports showing their response to emergencies and A&E ambulance queuing.

They have also tried to put pressure on the Forum to remove documents from our website and informed the Forum that our working relationships with colleagues across the LAS should stop, and that all contacts should be through a single email box. We tried to use that system, but the responses to our questions were frankly grossly inadequate, and we cannot work with the LAS on service improvement – our major goal, if we can't discuss patient care with clinical staff.

The LAS failed to respond to our recommendations for service improvements to the 111, EOC and complaint services – they have provided no responses at all to our 111 and EOC reports.

The performance of the LAS in relation to patient and public involvement has fallen to the lowest standard we have seen in any NHS organisation in London. They now treat patients and the public with disdain, and fail to show due regard to the NHS Constitution, NHS Improvement guidance and legislation which requires them to value the patient and public voice.

The report that follows demonstrates the fantastic work that we have done with the LAS over recent years and which we are immensely proud of. We are confident and determined that the great public involvement work of the Patients' Forum will continue and will thrive, in order to meet the need of patients on the front line of emergency and urgent care.

Listening to the patient voice is fundamental to the development and growth of the LAS and its ability to provide outstanding patient care. We hope we can count on your support to take our work forward. It is also our hope that the LAS will review its attitude towards the Patients' Forum and work together with us to achieve not only its own aims, but also those of patients and the public across London.

Malcolm Alexander
Chair, Patients' Forum Ambulance services (London)
PATIENTSFORUM.AMB@GMAIL.COM

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Board Member	Sister Josephine Udie sisterjossi@hotmail.com	Lewisham Healthwatch
Board Member	Angela Cross-Durrant	
Board Member	Louisa Roberts	
Board Member	Lynn Strother	City Healthwatch

SPECIAL THANKS:

- Members and volunteers for their high level of involvement and engagement in our activities and for helping to make the Forum and LAS more effective.
- John Larkin, Company Secretary for his outstanding support for the work.
- Board of the Patients' Forum for being a fantastic team.
- Polly Healy for maintaining our website and ensuring our publications are copy edited to a very high standard.
- Hundreds of LAS staff with whom we have collaborated to promote service improvements for the population of London.
- Margaret Luce and Amy Clarke for their continuous and enthusiastic support for the Forum's work, including the photocopying of our meeting papers, communicating with LAS members and inclusion in the LAS PPI Committee.
- Briony Sloper for her amazing and inspirational work with the Forum, LAS and wider community across London.
- Trisha Bain, Chief Quality Officer for her outstanding collaboration with the Forum.
- Special thanks to: Amanda Mansfield, Connie Cullen, Dr Katherine Henderson, Dr Nick Mann, Fatima Fernandes, Ian Wilmer, James Guest, Julie Carpenter, Margaret Luce, Melissa Berry, Pauline Cranmer, Roger Kline, Sam Perkins, Sean Hamilton, Stuart Crichton, Vic Hamilton, Zafar Sardar, for speaking at our Public Meetings and being so supportive of the Forum.

INTRODUCTION

The Patients' Forum is an unregistered charity, which promotes the provision of effective emergency and urgent care that meet the needs of people in London. This Annual Report outlines our aims and achievements in relation to our charitable objectives.

Central to our work is the place of patients, their relatives and carers at the front of our campaigning activities. We monitor the LAS in relation to its effectiveness, safety and responsiveness to patients needing urgent and emergency care. We have worked with the LAS and commissioners for many years to promote improvements in clinical care. We want the patient's voice to be heard loud and clear, valued and respected during the planning and design of services, and in the development of new clinical, quality and performance strategies.

It is essential that the diverse voices of service users are continuously heard and valued as a catalyst for the evolution of more effective care, provided in collaboration with health and social care services in every London borough.

Many service improvements are needed, including responsiveness to emergency calls, the further development of mental health care services, responding effectively to patients' complaints within a shorter time frame, and the transformation of the LAS in relation to equality, diversity and inclusion.

We need evidence that the achievement of these goals will be long term, sustained and enduring.

We hope you find our Annual Report informative and helpful. If you wish to learn more about the Forum and participate in our activities, you are welcome to attend our public meetings and become a member (membership is open to the public, Healthwatch and the voluntary sector).

Please visit our website: **WWW.PATIENTSFORUMLAS.NET**

MONITORING AND WORKING WITH THE LONDON AMBULANCE SERVICE

The Forum is a 'critical friend' of the LAS has been active on 10 LAS Committees, as well as regularly meeting LAS executives. We have also contributed to Trust Board meetings, by raising questions regarding the quality and improvement of services.

Our members have actively contributed to discussions on LAS policy, strategy and risk. We collaborate with the LAS to promote and encourage effective involvement of patients and the public in the development of LAS services, and London's emergency and urgent care.

The LAS has supported the Forum by providing indemnity cover for our Members when they take part in service monitoring and ride-outs. They have also provided meeting rooms, photocopying and refreshments for Forum meetings.

MEETINGS OF THE FORUM AND SPEAKERS IN 2018

The Forum arranges for lay and professional speakers to address our meetings and to hear the voices of service users, carers and the public. These meetings are intended to influence the development of emergency and urgent care services to better meet the needs of patients. Speakers engage in debate with our members, share experiences and help find solutions to deal with services that need improving. Our members offer ideas for the improvement of services from a patients' and carers perspective.

Speaker's presentations: www.patientsforumlas.net/meeting-papers-2019.html

FORUM PUBLIC MEETINGS WITH SPEAKERS

THE FLU EPIDEMIC & VACCINATION CAMPAIGN

- Sam Perkins, Public Health England

THE CQC WOULD LIKE TO MEET YOU AND HEAR ABOUT YOUR EXPERIENCES OF THE LONDON AMBULANCE SERVICE

- Stella Franklin and Tim Wells

LAS STAFF SUPPORT AND COUNSELLING MANAGER

- Fatima Fernandes, Staff Support, Counselling & Occupational Health Services

ENDING AMBULANCE QUEUES AT LONDON'S A&Es

- James Guest – Patients' Forum for the LAS
- Dr Kuldhir Johal – Brent CCG and Chair of the CQRG-LAS

- Paul Woodrow – LAS Director of Operations
- Dr Katherine Henderson – Royal College of Emergency Med
- Dr Nick Mann – East London GP and KONP

DEVELOPING THE LAS EMERGENCY OPERATIONS CENTRE

- Pauline Cranmer – Deputy Director of Operations – Control Services

LAS – OUT OF SPECIAL MEASURES!

- Trisha Bain, Chief Quality Officer, LAS
- Elizabeth Ogunoye, Commissioner for the LAS

DIVERSITY AND LEADERSHIP IN THE NHS IS NOT AN OPTIONAL EXTRA

- Roger Kline, Research Fellow, Middlesex University Business School

URGENT AND EMERGENCY CARE FOR HOMELESS PEOPLE IN LONDON

- Julie Carpenter, LAS Safeguarding
- Zafar Sardar, LAS Emergency Operations Centre
- Connie Cullen, Shelter

EPILEPSY AS A MEDICAL EMERGENCY – IMPROVING URGENT AND EMERGENCY CARE

- Ian Wilmer, Advanced Paramedic Practitioner - Critical Care
- Sean Hamilton, Service User
- Vic Hamilton, Carer

DEVELOPMENT OF MATERNITY SERVICES AT THE LAS

- Amanda Mansfield, Maternity Consultant

THE FORUM HAS BEEN REPRESENTED ON FOLLOWING LAS COMMITTEES

- CLINICAL SAFETY …… Malcolm Alexander
- CLINICAL AUDIT AND RESEARCH STEERING GP. Natalie Teich
- CLINICAL EFFECTIVENESS & STANDARDS……. Beulah East + Malcolm Alexander.
- COMMUNITY FIRST RESPONDERS …… Sister Josephine Udie
- END OF LIFE CARE …… Angela Cross-Durrant
- EQUALITY AND INCLUSION …….. Audrey Lucas + Beulah East
- INFECTION PREVENTION AND CONTROL …… Adrian Dodd
- LAS ACADEMY PPI PANEL …….. Jan Marriott + Malcolm Alexander + Polly Healy
- PATIENT AND PUBLIC INVOLVEMENT …… Malcolm Alexander
- PATIENT EXPERIENCE & FEEDBACK …… Adrian Dodd
- PATIENT SAFETY …….. Beulah East + Malcolm Alexander
- SAFEGUARDING …… Adrian Dodd

PATIENT AND PUBLIC INVOLVEMENT (PPI) IN THE LAS

The LAS has abolished its PPI Committee and sadly their outstanding leader for PPI, Margaret Luce, has left the LAS. This has created a vacuum in their knowledge and expertise in relation to effective and inclusive PPI.

Through our work with the LAS PPI Committee, the Forum was able to participate in plans for the enhancement of public involvement by the LAS. There was a great deal of very successful outreach work carried out by the LAS with communities across London, and this was enhanced by 3 streams of work developed during the Insight Project on Sickle Cell disorders, personality disorders and chronic respiratory diseases.

We should like to see far more evidence of how the patients' voice influences the development of LAS services. The evidence-base for service improvement through public engagement, needs strengthening. We believe the LAS should be able to demonstrate continuously where communities have influenced the development of front-line services.

The model adopted by the Forum of inviting large numbers of service users with particular conditions to meet with LAS clinicians, and to propose service improvements, has been very successful in raising clinical standards and enhancing user involvement. We will use this model with respect services for homeless people, epilepsy, maternity services and care for people with dementia.

The Forum is grateful to senior LAS staff, who have in the past always been willing to engage with and answer questions put by the Forum, on behalf of the patients and the public and have responded quickly and comprehensively.

ALL FORUM PAPERS ARE PLACED ON THE WEBSITE

www.patientsforumlas.net

WHAT THE LAS WEBSITE SAYS ABOUT THE FORUM

What is the Patients' Forum?

The Patients' Forum is an independent body that monitors us for the benefit of the public.

Who makes up the Patients' Forum?

It is made up of members of the public who are involved in our monitoring, audit, research and policy-making committees.

Officially, patients' forums were abolished in March 2008 and are no longer statutory bodies.

However, we have continued to have an effective relationship with our Forum and work with them in the following ways:

- Our Senior Managers attend Forum Meetings to present information and invite discussion on a range of topics. This gives Forum members the chance to have a say on key issues and decisions.

- Ad-hoc meetings have been held, and action taken, to take forward issues of particular interest to Forum members.

- More recently, we have run a series of visits to the Control Rooms for Forum members, and have also run a basic Life Support Session for them.

www.londonambulance.nhs.uk/about-us/involving-our-community/patients-forum-healthwatch/

Regardless of this statement on the LAS website, the Forum has been banned from using the LAS Conference Room for our public meetings, and the LAS are preventing the Forum from communicating with colleagues across the organization for service development projects.

TWITTER

We are publicizing the Forum's work better through our Twitter Account.

@ForumLas

KEY ISSUES AND RECOMMENDATIONS

THE ACADEMY – LAS DEPARTMENT OF EDUCATION AND DEVELOPMENT

Forum members are participating actively in the development of the Paramedic Programme, designed to enable Emergency Ambulance Crew and Technicians to upgrade through the HCPC to become registered Paramedics. A Committee of three LAS Academy staff and three Forum members has been established – the Patient and Public Involvement Panel – PPIP to support the development of the Paramedic Programme and monitor progress.

The Forum team observes assessments and interviews with applicants for the Programme and talks to each cohort of students about the importance of PPI in the work of the LAS.

We also invited Forum members to participate as 'mock patients' during the assessment of applicants for the Programme and **ten** members are now participating. More members are being sought for these activities. Healthwatch Haringey actively participates in this work. Janet Marriot, Polly Healy and Malcolm Alexander are the Forum's members of PPIP and also attend the HCPC Internal Paramedic Programme Steering Group

Special thanks to Angela Hilliard, Dominic Browne, Chima Chukwu, Paul Bates Tim Bowler and many other colleagues from the Department of Education for their outstanding paramedic programme.

AMBULANCE QUEUING

A major concern for the Forum has been the impact of ambulance queuing on patient care - this system failure causes very sick patients to queue to get into A&E - sometimes for an hour or more. The other serious consequence is that patients needing emergency care may wait for extended periods - sometimes hours - until an ambulance arrives. This includes people laying on the road after a road accident, and frail elderly people who have fallen at home and are at risk of chest and urinary tract infections.

When the ARP (Ambulance Response Programme) was introduced, NHS England told us that the new system would enable patients to receive emergency care within a specific timeframe … and they set the following priorities:

- Prioritize the sickest patients quickly to ensure that they receive the fastest response.
- Ensure national response targets apply to every patient first time – ending 'hidden waits' for patients in lower categories.
- Ensure more equitable response for patients across the call categories.
- Improve care for Stroke and heart patients by sending the right resource first time.

This aspiration has not been met for Cat 2, 3 and 4, but has been met for patients suffering Stroke and Cardiac Arrest.

Category	Percentage of calls per Category	National Standard
Category 1	**8%**	• **7 minutes mean response time** • **15 minutes 90th centile response time**
Category 2	**48%**	• **18 minutes mean response time** • **40 minutes 90th centile response time**
Category 3	**34%**	• **60 minutes mean response time** • **120 minutes 90th centile response time - 2 hours**
Category 4	**10%**	• **180 minutes 90thcentile response time - 3 hours**

The ambulance queuing problem stems from A&E Departments being overfull, with inadequate discharge arrangements, lack of community social care resources and staff shortages. These cause patients to wait in queues - sometimes trolley queues - which is not consistent with good medical practice or patient safety. This is especially harmful to people with cognitive impairment, for whom moving between home, ambulance, A&E and wards can be particularly traumatic and add to their level of confusion.

There is active engagement between the LAS, Commissioners and Acute Hospitals on a weekly basis to review this problem, but nevertheless, in February 2019 – 6,003 hours were lost due to ambulance queuing in excess of 15 minutes from 'wheel stop to clinical handover' of patients to A&E. In Queen's Hospital (Romford), 487 hours of ambulance queuing occurred in August 2019.

The current 'responses' to this problem include 'sit and wait', i.e. providing chairs for patients who have been brought in as emergencies by ambulance, so that they don't have to wait on trolleys. Some patients are 'flagged' to show that they are of a higher priority. Instead of individual care, patients may be monitored by a Nurse or Paramedic in groups. We regard this as a breakdown in the quality and safety of emergency care provided to patients taken to A&E by the LAS, and potentially harmful to vulnerable patients.

Clearly, the problem is not the fault of the LAS, but their performance is seriously affected by the failure of local hospitals and Local Authorities to resolve these problems.

We held a joint meeting with the Mayor of London's health team and LAS Chief Executive, Garrett Emmerson, to discuss this problem, and it became clear that without effective pan-London leadership, more resources for the NHS and Local Authorities, and a commitment to abolishing ambulance queues, that little will change.

NON-BLUE LIGHT CALLS AMBULANCE ARRIVAL AT HOSPITALS TO PATIENT HANDOVER **Ambulances in London taking an hour or more to discharge patients to A&E**		
Month	Year	Hours
FEBRUARY	2019	913
MARCH	2019	412
MAY	2019	437
JULY	2019	423
AUGUST	2019	315

In 2019, ambulance queuing in excess of one hour continued to remain high and to reach the highest level in February 2019. After February 2019 the number dropped, but we were unable to obtain data after August 2019. The missing monthly data has been requested from the LAS who failed to provide it under the FOI.

Lost hours at Queen's Romford (506), Northwick Park (508) and North Middlesex (375) in July 2019.

RECOMMENDATION:

The LAS leadership must demonstrate more influence in their engagement with London's STPs and NHS Improvement. We need to see effective joint leadership to resolve the appalling problem of ambulance queuing, and to reduce the risk of harm to patients who should receive emergency care, not 'queue for care'.

ACTION: Publish London A&E waits in Newsletter and share with:

- Assembly Members
- Local Healthwatch
- GLA Health Committee
- London Councils (pan London body of local authorities)
- Overview and Scrutiny Committees of most affected boroughs
- Parliamentary front bench.

AMBULANCE RESPONSE PROGRAMME

We asked Professor Benger, National Clinical Director for Urgent Care for NHS England:

Q: "Can metrics be devised to compare the previous system's performance with new ARP performance for a period of one year, based on several high-profile medical conditions, e.g. Strokes, Heart Attacks, major trauma and Sickle Cell disorders? This is consistent with an evidence-based approach required by the LAS/CQC improvement trajectory".

A: "The ARP represents a fundamental change in the way that clinical cases are coded and ambulance services respond. As a result, it is not possible to directly compare the old and the new systems. However, we are currently working on a new set of enhanced clinical quality indicators to measure patient outcomes and assess the quality of ambulance care in a number of high-profile medical conditions, as you suggest. These will be published from April 2018 onwards".

Professor Jonathan Benger

The Forum has asked the LAS to provide outcome data for London, following publication of the 'enhanced quality standards' and is still awaiting a response.

CQC INSPECTION OF THE LAS

Mock CQC Inspections – Working with the LAS

The Forum worked with the LAS, CCGs and a number of other organizations to carry out 'mock' inspections of the LAS. This would help determine whether the LAS was functioning in compliance with the requirements of the CQC, in relation to service quality.

Ten Forum members participated and travelled to Ambulance Stations and other locations, to examine the daily functioning of the LAS. Members were asked to contribute a few paragraphs about their findings for a Forum Report, which was shared with Trisha Bain, the Chief Quality Officer.

Substantial improvements were found in the operation of the LAS, but many weaknesses were also found. The LAS shared with the Forum the outcome of 'mock inspection' process, and the improvements they intended to make to ensure that they were able to demonstrate substantial improvements in the quality and safety of their services.

See: www.patientsforumlas.net/meeting-papers---2018.html

COMMISSIONERS FOR THE LAS – NEEDS IMPROVEMENT

The CCGs commission and provide funding for most services provided by the LAS. Each year they draw up a list of 'commissioning priorities', which may be about funding, service development and service innovations. Commissioners priorities should be discussed with the patients and the public, but this is rarely done, despite the statutory duty to do so.

The Forum's relationship with Brent CCG, the Commissioners of the LAS (on behalf of all of London's CCGs), has in the past been outstanding. However, the current leadership of the CCG and the West London STP have shown little regard for compliance with the following statutory duties in the Health and Social Care Act:

14P	**Duty to promote NHS Constitution**
14U	**Duty to promote involvement of each patient**
14V	**Duty as to patient choice**
14Z2	**Public involvement and consultation by CCGs**

http://www.legislation.gov.uk/ukpga/2012/7/notes/division/5/1/3/3?view=plain

Brent CCG consistently fails to provide documents relating to the performance of the LAS, and documents produced by the Clinical Quality Review Group - which jointly with the LAS - examines issues regarding service quality. Although we have occasionally been invited to attend meeting of the CQRG, this Group fails to show any regard to matters raised by the Forum. The Forum's last presentation to the CQRG, can be seen at: **www.patientsforumlas.net/co-production-in-the-las.html**

Brent CCG provides data to all CCGs in London and other organizations, but fails to show due regard to the sharing of this data with patients and the public – the recipients of LAS care. The Forum raised formal complaints about access to data and public involvement in commissioning with the CCG and Mark Easton, the Accountable Officer for North West London CCGs/STP, and also published the Public Involvement Handbook, in order to assist the CCGs to better understand their public duties. Nevertheless, their performance is still very poor. Most data that the Forum receives from the CCG is now provided through the FOI Act.

COMPLAINTS REVIEW AND CHARTER

LAS Complaints Audit

The Forum worked with the Chair (Heather Lawrence) of the LAS and its Complaints Team to review complaints submitted to the LAS. A team of 4 Forum members read sets of anonymized complaints, discussed the findings, reflected on the quality of the responses and sought evidence of LAS learning from complaints leading to service improvements.

RECOMMENDATION:

Forum members should be allowed to examine the full documentation related to each complaint they audit, with the consent of the person who submitted the complaint.

COMPLAINTS CHARTER AGREED BY THE LAS BOARD

The LAS Board agreed the Complaints Charter written by the Patients' Forum and after checking compliance with the NHSE Accessibility Standard, published the document on their website and made it visible to all those who make complaints to the LAS.

www.londonambulance.nhs.uk/wp-content/uploads/2018/02/Complaints-charter-November-2017.pdf

Our attempts to persuade the LAS to make the Charter more accessible by **sending** it to all those who make complaints about the LAS, have failed. The LAS has however

agreed to provide details of the Charter on every letter sent to people who have submitted complaints. But the LAS is unwilling to distribute the Charter more widely, despite saying they are committed to the principles contained in the Charter.

The LAS website has a language conversion facility, but the Charter cannot be converted to other languages using this facility.

The Forum has proposed to the LAS that the time to investigate complaints should be reduced from 35 days to 30 days in order to match the targets set by most other NHS organisations. The LAS is unwilling to do so. We shall continue to campaign to achieve this objective.

WE RECOMMENDED:

1) **The Complaints Charter is sent to every person who makes a complaint to the LAS**
2) **The Charter is made available in other languages on the LAS website.**
3) **The target for completion of complaints is reduced from 35 to 30 days to achieve the goals set by most other NHS organizations.**

DEFIBRILLATOR CAMPAIGN - BOOTS SAYS 'NO' TO SAVING LIVES

After our successful campaign to encourage Sainsbury's, the John Lewis Partnership and Catholic Churches to install defibrillators, the Forum worked hard to encourage Boots the Chemist to install defibrillators. All Pharmacies have staff who are trained in CPR and the use of defibrillators and they are, therefore, ideal locations to install defibrillators. Despite making a strong case to the leadership of Boots, their compromise was that they would install defibrillators if the LAS purchased them! It would cost Boots £1,000 to install a defibrillator in each of its stores. *One of Boots subsidiaries in the UK made £376m profit in 2018.*

ACTION:

a) The Forum produced draft posters (see below) as part of the campaign to save lives and will re-target the campaign with a focus on human rights aspects, e.g. Article 8 of the Human Right Act – the right to a private and family life.

b) Restart the campaign, with the Parliamentary support, to persuade Boots leadership to reconsider their decision not to install defibrillators in their stores across the country.

Draft Campaign Poster - sent to Boots management for their opinion

SCHOOLS AND COLLEGES

The Forum has campaigned for all schools and colleges in London to install defibrillators and train students and staff in their use. We have written to all Mayors, Council Leaders and Health and Wellbeing Boards, asking them to support this initiative. We have also proposed to all London Councils that they invite Councillors to be trained in CPR and the use of defibrillators.

WORK WITH THE SOUTHWARK ARCHDIOCES OF THE CATHOLIC CHURCH

We have had a positive campaign with the Catholic Archdiocese of Southwark which has included the training of over 100 participants in four churches, and two local community groups in Chislehurst community. Local Sainsbury staff also attended training for CPR and defibrillator awareness training, provided by the LAS team. They were supported by the charity SteerRight in confidence building and understanding their importance in saving lives. Sr. Josephine, one of our Vice Chairs, continues to work with LAS CPR Team through Chris Hartley-Sharpe, in raising awareness and getting more volunteers involved in becoming ambassadors in the drive for more defibrillators in the local communities.

DIABETIC CARE

Objective: Improve Emergency Care for Patients with Type-One Diabetes and Diabulimia

The Forum held a very positive Public Meeting – jointly with Diabetes UK - on 'emergency care for patients with Diabetes'. The Meeting followed the tragic death of Lisa Day, who suffered from Diabulimia (Diabetes with eating disorders) and died following a 5-hour delay in an ambulance reaching her.

www.bbc.co.uk/news/uk-england-london-35581160

A great deal has been done to ensure that the care of patients with Diabetes and especially 'Diabetes with eating disorders' is included in the CSR for the training of all front-line LAS staff. The Forum has promoted the idea that front-line staff should have Ketometers to assist in the diagnosis of patients with Diabulimia and has received the following response - a good example of our continuing collaborative work with the LAS:

0iDiagnosing DKA – Response from LAS Consultant Paramedic

> "I wanted to update you that we have now reviewed the literature on the use of ketone testing in the ambulance setting, and the attached report was taken to the clinical practice working group last week.

Unfortunately, whilst ketone testing is, of course, standard practice in many settings, there is currently a paucity of evidence for the test in the pre-hospital setting. In order to bring in the test, we would have to base that decision on clinical evidence.

There is certainly a need for research in this area, unfortunately the LAS does not have the resources available at the moment to commit to a formal study in this area, but we will keep an eye out for funding opportunities.

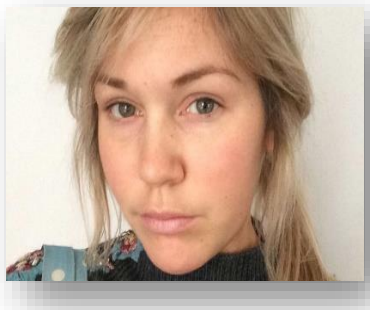
I'm sorry that there wasn't sufficient evidence available to make a different decision as I know there is a strong desire to bring this in. In the shorter term, Tim and Racheal are going to have a discussion regarding any opportunities for the use of capnography in suspected DKA.

There appears to be some data on this in the literature and is a test we already have access to. Mark Whitbread will be nominating one of the critical care APPs to lead on diabetes going forward, and should be in touch shortly".

The LAS Urgent Care advanced care paramedics did complete a brief trial of ketone testing, but the device wasn't often used to detect DKA. They also considered the use of Capnography (measuring blood gases – $ETCO_2$) for detection of DKA, but it is not specific enough for detection, but can be used to exclude DKA – its use is mostly for the detection of sepsis. The following article explores this issue in more detail.

www.ncbi.nlm.nih.gov/pmc/articles/PMC3876300/

The Evening Standard



The family of student nurse with Diabetes - who died after waiting almost five hours for an ambulance - hit out at the "tick box" culture of the NHS 111 helpline that "failed" her. Lisa Day, 27, a type 1 Diabetic, could "in all likelihood" have survived if she had arrived at hospital sooner, a Coroner at St Pancras Coroner's Court ruled. Miss Day was staying at her friend's home on 12 September 2015 when she began vomiting blood, prompting him to call 111 just after 5.00pm. She was assigned a 30-minute response time, but the Inquest heard that Call Handlers were dealing with a

backlog of 200 cases and tackling 300 calls an hour. Lisa Day died after a five-hour ambulance wait

She had suffered a cardiac arrest and fallen unconscious and when her friend went to check on her, he could not rouse her and dialed 999. She died at the Royal Free Hospital in Hampstead, five days later, from lack of oxygen to the brain caused by Diabetic Ketoacidosis - a complication caused by a lack of insulin.

Miss Day's brother-in-law Matthew Edwards, 32, from Saffron Walden, told the Standard: "I think there is still a lot of anger at what has happened, and that Lisa's death was avoidable. Had the right decisions been made we would still be talking to her today.

My biggest concern, and something I stressed in the Inquest, was the lack of questioning [by 111] about prior medical conditions. You are relying on 111 being 'proactive' just like you are expecting a Doctor to be in A&E".

Senior Coroner Mary Hassell recorded a narrative verdict and said: "If Lisa had received definitive hospital care before she suffered a cardiac arrest in the evening of September 7, the likelihood is she would have survived." Susan Watkins, Head of Quality Assurance at LAS, said: "I sincerely regret that we couldn't ring back sooner to support Lisa and obviously we couldn't get an ambulance."

Inquest Report re. Lisa Day … Senior Coroner, St. Pancras Coroners Court
https://www.judiciary.uk/wp-content/uploads/2016/06/Day-2016-0070.pdf

London Ambulance Service Response to the Senior Coroner, St. Pancras'

1. When Miss Day's friend rang the 111 service on her behalf, the possibility of conveying her to hospital by means other than an ambulance was discussed with her and she declined. However, it was not discussed with her friend who made the call. He would have been much better placed to organize this and, if he had, it would probably have resulted in life saving hospital treatment. The potentially very grave consequences of a vomiting illness in a person with Diabetes were not explained to him.

2. I heard at the Inquest that the 111 and 999 services have begun a process to promote more effective communication of 111 concerns to the London Ambulance Service in situations like this. It seems that this would be of great benefit to patients. I understand that the first concern is a matter for the London Central and West Unscheduled Care Collaborative and that Dr. Ladbrooke will be responding.

With regard to the second concern, I am pleased to confirm that the London Ambulance Service NHS Trust have agreed a process with NHS 111 whereby clinicians from NHS 111 can alert the LAS Emergency Operations Control about the calls made to NHS 111 where there is a clinical concern.

The electronic flagging system was introduced on 14 March 2016 following consultation with NHS111. The 'LAS Department of Education and Development EOC Training Bulletin', TB 02/16, DATED 09 March 2016, and '111 Clinical alerting process for patients where there is a clinical concern on a green ambulance referral' v2.0 flowchart give examples of the patients whose presenting conditions are to be brought to the attention of the LAS.

I have been advised by the LAS's Medical Director that, whilst the new process is in its infancy, early indications are that the process of alerting the LAS about calls where there is a clinical concern, is working well.

As with other Regulation 28 Prevention of Future Deaths Reports, this letter will be shared with the National Ambulance Service Medical Directors' Group (NASMeD) who advise the Ambulance Association of Ambulance Chief Executives and will be shared with London NHS 111 service providers.

EMERGENCY OPERATIONS CENTRE (EOC) OBSERVATION VISITS

Nine Forum members participated in 'observation shifts' of the EOC and a detailed Report was produced of their findings. Several recommendations were made to the LAS and meetings held with Pauline Cranmer, Deputy Director of Operations – Control Services - to discuss implementation of our recommendations. Amongst our recommendations was a request for LAS Board members to make annual visits to EOC - to show support for staff, who often feel their major contribution to urgent and emergency care is forgotten during major incidents, especially at Bow EOC.

Other recommendations included:

- As part of their induction, all new **frontline staff** should be actively encouraged to attend at least one shift in the EOC, and new staff from the EOC should participate in a ride out with front line staff.
- All current frontline staff should be required to attend at least one shift in EOC as part of the updating of their training to provide insight into how the whole system works.
- GP's, practice nurses and GP receptionists should be invited to attend an annual shift at the EOC so that they understand better how the LAS system works, the massive pressures and the importance of making realistic demands on the LAS

ACTIONS AND RECOMMENDATIONS TO THE LAS

www.patientsforumlas.net/uploads/6/6/0/6/6606397/a5-actions_and_recommendations_to_the_eoc.docx

Our report on visits to the EOC in 2019 can be found at:

https://www.patientsforumlas.net/meeting-papers-2019.html

THE LAS HAS CONSISTENTLY FAILED TO RESPOND TO THESE RECOMMENDATIONS REGARDING IMPROVEMENTS TO EOC

ADVERTISING EOC JOBS AT WATERLOO AND BOW

There have been severe staffing problems in the EOC - especially at Bow - and the Forum proposed that large banners were put outside the Waterloo HQ and the Bow EOC to advertise these jobs and to try and prevent understaffing potentially affecting performance of the EOC. A focus on Bow EOC was important because it would be hard for local people to know it existed as a source of employment. Banners appeared at Waterloo in late 2019 … and nothing appeared at Bow. An example of excellent public involvement without the intended outcomes.

END OF LIFE CARE IN THE LAS

Our end of life care experts Angela Cross-Durrant and Lynn Strother played an active role in the development of EoL care in the LAS. The new services created include:

- Rapid advice and guidance by phone for paramedics who are with patients and requiring palliative care– especially out of hours.

- A robust and consistent focus on EoLC education.

- An EoLC network across all ambulance stations providing information about services that support EoLC, and can advise paramedics where these specialist services can be accessed (community, hospices, etc). The stations also run bespoke training, which is evaluated after every event in terms of staff understanding and confidence, when dealing with urgent decision-making on scene.

- The Macmillan project Clinical Tutors have attended excellent courses regarding cultural awareness, religions and spirituality. They are also seeking out further good practice on these issues and are researching the literature.

- The LAS is collaborating with the Royal Marsden Hospital and Child Bereavement UK, regarding the holding of ‘difficult conversations.

- 92% of front-line staff have been through CmC training as part of their compulsory training programme. Use of iPads to access CmC has increased from c40% to c60% - still a long way to go.

- A full review of the NET service (non-emergency transport) regarding access for palliative care patients is taking place. EoLC training for NETS crews is in hand across London.

- Future plans include wider use of CmC, and training for EOC staff to access CmC plans, to enable them to alert paramedics and NETS crews, if those they are treating or transporting have an ACP and possibly DNAR request.

- Specific paediatric EoLC training is being devised for all paramedics.

- LAS is engaging in the ECHO process, which encourages care homes to network and share issues regarding EoLC and working with the LAS.

- A "Whose shoes?" event was organised, where carers, families, patients, medical professionals, stakeholders and LAS staff, shared their direct EoLC experiences involving the LAS and/or other ambulance service. The importance of patient experiences is paramount.

- An Incident Review demonstrated that the most common concerns from staff relate to accessing CmC. Confusion remains regarding access to electronic DNAR on the CmC rather than seeking a paper copy of the DNAR. The LAS has repeated that a hard copy is not necessary in these situations and that the digital copy is perfectly acceptable.

EQUALITY AND DIVERSITY (E&D) – FRONT-LINE STAFF

Roger Kline, Research Fellow, Middlesex University Business School, spoke to a Forum meeting on the subject: 'Diversity and Leadership in the NHS is not and optional extra'.

His publication about the domination of white members on NHS Boards is available at:
www.england.nhs.uk/wp-content/uploads/2014/08/edc7-0514.pdf

The "snowy white peaks" of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England.

The Forum has monitored the LAS for 15 years (2004-2019) and observed that the percentage of BME heritage Paramedics increased from 3.21% to 7.5% (from 22 to 158) over a period of fifteen years - and that this coincided with a continuous increase in the size of Paramedic workforce (from 685 to 2015).

Thus, there is no evidence of a significant change in the ethnic composition of front-line Paramedic staff - the average of 7% percentage has remained stable since 2015. Only

4.8% of these Paramedics have direct patient contact.

Paramedics are recruited through expensive recruitment schemes in Australia or qualify though internal LAS courses which enable Emergency Ambulance Crew (EACs) to become Paramedics. Another scheme to promote diversity was funded by a Health Education England Grant of £500,000. Although there are active recruitment campaigns for (EACs), the percentage recruited who have a BME heritage is very low and has very little impact on the diversity of the frontline workforce.

Equality and inclusion are a priority for the LAS, following a long history of failure with regard to race equality. But, within the LAS, the largest percentage of staff with a BME heritage, work in the Emergency Operations Centre (EOC), where the level of pay is lowest. Significant changes are happening across the wider workforce, but the diversity of front-line staff – Paramedics and 'Emergency Ambulance Crew' has changed very little.

This issue has been raised with the LAS Chief Executive, Chair, Head of Public Involvement, Head of Quality and with senior staff in Recruitment, but we have seen no evidence of strategic planning for recruitment of EACs in London, focused on long term planning and diversity. The Forum believes it is essential for the LAS to promote Paramedic careers in the LAS through active and continuous, strategic, professional engagement with 6th Forms in schools and colleges, and with local cultural and faith organisations in London's incredibly diverse Boroughs.

Equality, diversity and inclusion in the LAS are essential to the delivery of effective health care. We believe that workforce diversity brings valuable knowledge and 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.

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
2003-04	685	22	3.21	Not Known	0.54
2004-05	734	26	3.54	1.07	0.65
2005-06	832	26	3.13	0.99	0.62
2006-07	816	27	3.31	1.00	0.62

2007-08	836	32	3.83	1.19	0.74
2008-09	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	2.5
2018-19	2105	158	7.5	4.8	2.7

The transformation of the workforce in relation to gender has been very significant and is approaching 50:50 for Paramedics and is increasing for EACs. See below. Figures in brackets relate to 2017.

Gender of front-line staff: Data accurate as at 31st March 2018.

Frontline %		Female	Male	Grand Total
Non-para	43	(40)%	57(60) %	100%
Paramedic	49	(48) %	51(52) %	100%

Frontline - headcount	Female	Male	Grand Total
Non-para	565	738	1,303
Paramedic	869	897	1,766
Grand Total	1,434	1,635	3,069

RECOMMENDATIONS TO THE LAS

1) **A major professional Paramedic recruitment campaign should be developed by the LAS and academic partners, to recruit from schools and colleges inner London Boroughs. It is unacceptable to continuously spend vast resources recruiting from Australia instead of from London's diverse and highly skilled and aspirational communities.**

2) **In line with the agreement between the LAS and EHRC the LAS must collect equality data from patients who make complaints and monitor the frequency of complaints from BME service users.**

EAT - Emergency Ambulance Technician EAC - Emergency Ambulance Crew

FLU EPIDEMIC AND VACCINATION

We wrote to the Association of Chief Executives of Ambulance Services (AACE), to express our concerns about low vaccination rates amongst Paramedics. AACE raised the issue of promoting the flu vaccination of ambulance staff with PHE, and then entered into discussions with them about how to improve vaccination rates. We also raised the matter with the HCPC and enquired whether staff with flu who infect patients might be subject to disciplinary action. The figures for English AS are as follows. The LAS stands in the middle of National Performance, but was poor compared with West Midlands. Trusts are paid from the CQUIN Fund for higher levels of performance:

AMBULANCE TRUST	FLU VACCINATION RATE
West Midlands	80.1%
South East Coast	78.7%
East Midlands	76.1%
North West	65.9%
Yorkshire	65.0%
LONDON	64.1%
East of England	56.0%
South Western	56.9%
North East	53.1%
South Central	No data

Public Health England Data – 2018-2019

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/804885/Seasonal_influenza_vaccine_uptake-HCWs-2018_Final.pdf

LAS ANNUAL MEETING - FAILURE TO RESPOND TO QUESTIONS

The LAS AGM for 2019, took place in September for held in Gerrard Street, W1.
The Forum submitted the following questions prior to the meeting, but only one was answered at the meeting and we have been unable to get written responses to these questions since, despite re-submitting them to via the FOI Act.

1) Is the LAS Board ready to sign the Co-Production Charter with the Patients' Forum, Healthwatch and health charities, to promote greater patient and public involvement in the work of the LAS? - **Chief Quality Officer, Trisha Bain told the Forum that the LAS supported the Charter in October 2019, but did not put this in writing.**

2) What action is the LAS taking to enhance the care of patients with learning disabilities requiring urgent and emergency care?

3) By which date will the LAS ensure that all LAS ambulance MDTs systems are powered by battery instead of idling ambulance diesel engines?

4) Will the LAS urgently provide guidance to all front line staff about the importance of only switching on diesel engines whilst stationary for very short periods, e.g. to charge batteries?

5) Will the LAS ensure that all stations have adequate and appropriate electrical landlines to charge batteries without running diesel engines?

6) By which date does the LAS expect all front-line staff actively use IPADs for communication with Control and to receive CmC data?

7) In relation to the problem of air quality in London, exacerbated by traffic jams and ambulance diesel engines fumes, has the LAS carried out an assessment of the consequential health impact on LAS front line staff, e.g. due to asthma or lung fibrosis?

The Annual Meeting was packed with LAS staff, most of whom were known to the Forum, and about 10 members of the public, which included 4 Forum members. However, the LAS claimed the meeting was attended by 140 patients and members of the public, which was certainly not the case.

LONDON ASSEMBLY HEALTH COMMITTEE

Twenty Forum members attended a public session of the Health Committee, which reviewed the LAS on 17 July 2018. The investigation was intended to examine the key challenges facing the performance of the London Ambulance Service and:

- How can the Mayor and Greater London Authority can support the LAS to provide a more modern, efficient and effective emergency service?
- How can the LAS be made more open and accountable to the people of London?
- Obtain views of Londoners on the performance and future of the LAS, and the views and experiences of frontline staff - paramedics and call centre workers.

The Forum's report to the Health Committee can be found on our website at:

www.patientsforumlas.net/meeting-papers---2018.html

We have sustained out links with Dr Sahota, the Chair of the Health Committee.

CARE FOR PEOPLE IN A MENTAL HEALTH CRISIS

The employment of Mental Health Nurses has had a significant impact on the effectiveness of the LAS, in terms of providing detailed advice to front-line crew who are providing care to a patient in a mental health crisis. The nurses are also able to negotiate with providers of mental healthcare to gain access to services more quickly.

A lead Mental Health Nurse, Carly Lynch, has been appointed and more Mental Health Nurses will be appointed in the near future. Collaboration with Mental Health Trusts is planned to enable more Mental Health Nurses to work with the LAS front-line teams. Plans for Mental Health Nurses to join front-line staff as part of the 'see and treat' role have progressed well, and a successful pilot was run in south east London. This enables the LAS to provide expert patient assessments, and to ensure transfer to an appropriate local resource, if necessary. The LAS plans to extend the service to each STP area of London. The outcome of the Pilot can be found on the Forum's website:

www.patientsforumlas.net/uploads/6/6/0/6/6606397/a6-mental_health_pilot_evaluation_report_v2.0__1_.pdf

We have recommended that the LAS moves in the direction we have proposed of developing a 'cadre' of Advanced Mental Health Paramedics. This is especially important for reducing, as much as possible, police involvement at the interface with patients who are critically ill and may need to be detained under the Mental Health Act.

Care not coercion (including chemical restraint), is fundamental to human rights and civil liberties.

Patients (or the person who telephones on their behalf) to the EOC in a mental health crisis, are currently asked if they ‘could be violent’. This can delay care and inappropriately involve police officers. We feel this question is not appropriate to be targeted at patients in a mental health crisis. It is not used for other categories of patients, for example patients who are intoxicated.

The Non-Emergency Transport Service (NETS) continues to work well in transporting patients to hospital following a mental health assessment. The service is being expanded to support other groups of patients. The NETS is primarily for patients being assessed by social workers and doctors, to determine whether they should be detained under the Mental Health Act.

We have been trying for some time to get feedback from patients who use this service on the quality of care provided, but no progress has been made.

RECOMMENDATIONS TO THE LAS

1. The LAS should develop a ‘cadre’ of Advanced Mental Health Paramedics and Mental Health Nurses to provide expert care for patients detained under s135 and s136 of the Mental Health Act - and to ensure that these patients are safely discharged to mental health Places of Safety.

2. The EOC should desist from asking patients in a mental health crisis if they pose a risk of violence to staff; unless there is evidence to support asking this question.

3. We would like to develop a model of feedback from patients using the NETS service, in order to discover their views about the care, effectiveness and sensitivity of the service.

COORDINATE MY CARE (CmC) and Patient Specific Protocols

We agreed the production of a joint information leaflet about Patient Specific Protocols (PSP), with Trisha Bain, the Chief Quality Officer. We also agreed that patient input into the process needed to be strengthened.

This system was intended to facilitate the production of recommendations (Care Plans) for a person's clinical care in a possible future emergency, in which they may lack capacity or be unable to make or express choices about treatment options. It provides health and care professionals responding to that emergency, with a summary of recommendations to help them to make immediate decisions about that person's care and treatment.

These plans are created through conversations between a person and their GP, and include agreed clinical recommendations about care and treatment, that could help to achieve the outcome that the patient and doctor most wanted. **Over 2019 Coordinate my Care replaced PSPs, are working well and accessible to paramedics through their IPADs.**

PRISONS AND SECURE ENVIRONMENT

The Forum has received many reports from Paramedics and 'Emergency Ambulance Crews' about their experiences of front-line work. An issue which has been raised on several occasions – is the long delay in getting from prison gates to patient contact. Prisons have nursing and sometimes medical staff, and only call an ambulance when the need is critical.

The Forum put questions on this issue to the LAS, asking whether clock stop times at prisons/secure environments are recorded - and for details of procedures followed and targets set when an emergency ambulance is called to a prison or other secure environments. We were provided with the Memorandum of Understanding (MoU) between HMP establishments in Greater London and the LAS. This document does not, however, include reference to Immigration Removal Centers, which are run by contractors (G4S, Mitie and Serco) commissioned by the Home Office.

We discovered that the LAS has no data available on the time it takes for Paramedics to make patient contact after arrival at prison gates - so even if a Cat 1 call is received requiring a 7 minutes attendance, the LAS does not know the actual time it takes to get to the patient … only the time it takes to get to the prison gates.

The Forum sent Freedom of Information requests to every prison in London and all refused to provide an answer to our questions regarding the time taken to reach the patients. One Youth Offender Institution did respond and provided data which was quite positive. The Forum has written to the Ministry of Justice and Home Office seeking further support to resolve this issue, and has received a very positive response from Robin Buckland, Justice Minister. Following his letter, the Forum met with staff in the Ministry of Justice to discuss possible solutions to this problem.

Three members of the Forum visited a prison in 2019 and a report on our discussions with prison staff about access to the prison for the LAS is imminent.

RECOMMENDATION TO THE LAS

1. **Data should be collected on all calls to prisons, youth offender institutions and immigration removal centers, to determine the actual time from receipt of call to patient contact. This data should be collected for a period of three months and shared with the Ministry of Justice, to determine whether the LAS are achieving their ARP targets, in respect of people who are detained in the secure estate, and compliance with the MoU.**

2. **The Forum will visit other prisons in the Greater London area to discuss this issue further.**

STRATEGY – LAS – 2018/2022 - CONSULTATION

The Forum met the LAS on three occasions to discuss their 5-year overall Strategy during the course of its development and provided a response to the draft strategy.

An LAS PPI Meeting on the Strategy was attended by 12 people, several of whom were Forum members. The level of public involvement in the development of the strategy was minimal, nevertheless Garrett Emmerson, the Chief Executive has consistently claimed that the public involvement process was the “best ever”.

The Forum has been consistently disappointed by the virtual absence of PPI in the development of LAS Strategies and Policies and we have never received a written response to our comments on the LAS strategy.

We asked the Board for a process of Public Consultation on their draft Strategy, but at their Board meeting on 30 January 2018, this was refused on the following grounds:

21.2.1 Large parts of the LAS Strategy will be about the internal workings of the organisation and would, therefore, be inappropriate for a Public Consultation. However, the Trust wants to ensure it is improving the

> outcomes and experiences of its patients. This will be done in different ways that best meet their needs and **will provide the richest feedback possible.**

The Forum does not believe this response is adequate, reasonable or consistent with the commitment to public involvement, which is expected of the LAS as an NHS Trust - or its values as a body serving the needs of London. Effective long-term Strategies need to be grown with the support of staff and patients.

We **RECOMMEND** that all LAS Strategies are subject to a high level of public involvement, in order to ensure that they are developed to meet the needs of patients and the public. Patient and public involvement is a powerful way of developing effective and meaningful strategy and policy documents that meet the needs of patients.

STROKE - DIAGNOSIS – ASPHASIA

One of our members noticed, during the Mock CQC inspections that the Forum participated in, that the blank Patient Report Forms (PRF) at Fulham Ambulance Station showed that the LAS is still using Patient Report Forum version "LA 4" This contains exactly the same text under the 'speech component' of the FAST section as was the case in 2014.

The Ombudsman considered a complaint on that issue in 2014, regarding the failure of the LAS to include in the PRF the term "aphasia", as a critical component in the diagnosis of a Stroke. We understood that assurances were also given to the Mayor of London's office that the LAS would amend the form. The LAS said at the time:

> *"The LAS is also looking at changing the wording on the 'FAST' section of the PRF on the next revision from 'Speech: Word finding difficulties or slurred speech' to 'Speech: Word finding difficulties, **aphasia** or slurred speech'."*

The issue arose because of a misdiagnosis resulting from a failure to recognise the importance of speech loss in the diagnosis of Stroke.

We asked Fenella Wrigley, the Medical Director, if the PRF had been updated, and if not whether it could be changed as a matter of urgency? We were told that the LAS had considered this change but thought it would be too difficult to implement on paper PRFs. The LAS have agreed to review the wording on the PRF when they change over to an e-PRF (computerized version in 2025/6), and Dr Fenella Wrigley wrote to the Forum:

> "The e-PRF project is just beginning to be planned and it is anticipated scoping will begin during the summer. The request re speech (aphasia) is one of many suggestions we have had and is on the list for consideration".

We have been assured by the LAS that guidance has been re-issued to all crews on the assessment and management of patients suspected of having a Stroke. This has also been picked up in teaching and training materials, and covered in several issues of the Clinical Update: "FAST covers all elements of speech".

In addition, as a result of the work done by our member Courtney Grant, (whose family have been deeply affected by stroke misdiagnosis) together with LAS Deputy Medical Director, a Stroke video has been produced, which involved Courtney's family. This is used for the training of all LAS front-line staff in the diagnosis of Stroke, with a particular focus on Aphasia – the difficulty of talking following the onset of some types of Strokes.

LAS REPORT ON STROKE
Data on LAS performance on Stroke care has improved enormously and a very high percentage of patients now get to Hyperacute Stroke Centers within the target time. Attempts are now being made to enhance pre-hospital care for Stroke patients, to enable faster treatment once the patient arrives at hospital. The CARU audit of Stroke care shows that there is a very high level of compliance with the Stroke tool and pathway – 97% of patients are documented to have received the complete care bundle (which includes all elements of FAST, blood pressure and blood glucose measurement) and 99.4% of patients are conveyed to a clinically appropriate destination.

We have also contacted the Stroke Lead for London, Dr Gill Cluckie, to propose a meeting with Courtney Grant, the Forum's Stroke Lead to discuss additional lay involvement in the development of Stroke diagnosis, treatment and care.

Dr. Cluckie advised the Forum that the Clinical Network is just commencing a piece of work to look at patient and carer engagement across the scope of its work, and will contact the Forum when they have a confirmed plan and can provide information about how Courtney can be involved.

POSSIBLE DELAYS IN RESPONDING TO PATIENTS WITH A POSSIBLE DIAGNOSIS OF STROKE

Forum Question to the LAS:

"Has any work been carried out to estimate the possible delays, at different times of the day, in responding to Stroke calls, and getting patients to Stroke hyper-acute treatment centers? Treatment delays might be caused by road congestion and queues at treatment centers. Reducing the risks of brain damage associated with delays is obviously very important".

Dr Fenella Wrigley, Medical Director for the LAS replied:

"The LAS continues to perform well above the national average for conveying FAST+ patients to Hyperacute Stroke Units within 60 minutes of the call (68.1% vs 57.0% June 2017).

It is worth noting that this figure includes patients who were not suspected of having a Stroke at the time of the 999 call, and therefore may have been triaged to receive a lower-priority response.
There is no indication that road works are impacting on the journey times, which fall well within the expected timeframes – the challenge with Stroke patients is that they frequently present in different ways, e.g. falls as we have previously discussed. Work done during the development of the acute pathways in London, showed that for ambulances on a 'blue-light' run to hospital, there was no significant variation in road speed, despite changes in traffic density.

Ambulance crews place a priority call to alert the hospital for patients with a new onset positive FAST. This allows the hospital to prepare for the patient, minimizing any delays on handover. Our Stroke Lead (David Macklin, Deputy Medical Director) continues to work closely with the pan-London Stroke team."

www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2017-18/

ACTIVITIES AND ACHIEVEMENTS

On 01 April 2008, the Patients' Forum established itself as a corporate body in the voluntary sector. The Forum has continued to work with the London Ambulance Service and other health bodies in London and beyond, ensuring that a body of experienced people exists who can be highly effective at monitoring services provided by the London Ambulance Service and other providers, and commissioners of urgent and emergency care. The Company has worked closely with Local Healthwatch since their establishment on 1st April 2013.

The Forum has successfully monitored services provided by the London Ambulance Service and worked successfully with the voluntary sector and the North West London Commissioning Support Unit which commissions the LAS, as well as forming links with patients, patients' groups and the public across London. The Forum has successfully carried on its commitment to supporting and influencing the development of high quality urgent and emergency health care and patients' transport services.

From the outset, the Company invited and received a constructive letter of mutual recognition and understanding from the Chief Executive of the London Ambulance Service, in confirmation and furtherance of the good working arrangements that characterise the on-going relationship between the London Ambulance Service and the Patients' Forum. The Forum continues to rely on this document as affirming and reinforcing its relationship with the LAS, despite the current negative attitude of the LAS towards the Forum's members.

The range of issues within the independent purview of the Company - as highlighted in this report - are frequently updated as necessary, and participation is readily accessible to members and the public by attending the Forum's regular meetings and/or visiting the Company's website – **www.Patientsforumlas.net**

The plan for the Forum is to expand and to seek to raise funds to support its charitable activities, and to continue to meet in public to support and to influence the development of patient centred ambulance and other health services that meet public need. Members from across London, and Affiliates from all parts of the UK, are very welcome to join us.

MEMBERS AND AFFILIATES

All the Trustees are members of the Company. During the year ended 31 December 2019, the Company also enrolled several other members of the Company. Each member guarantees, in accordance with the Company's Memorandum of Association, to contribute up to £10.00 to the assets of the Company in the event of a winding up. Membership is open to individuals who are London based and Members are entitled to attend meetings of the Company, and to vote thereat. The Annual Membership fee for individuals is £10.00. New members are welcome to join.

Affiliation

- Affiliation is open to groups/organizations and to individuals, both local and national.
- Affiliates are fully entitled to attend meetings of the Company, but not to vote thereat.
- The Annual Affiliation fee for groups/organizations is £20.00.
- The Annual Affiliation fee for individuals is £10.00. New Affiliates are welcome to join.

OBJECTS OF THE PATIENTS' FORUM AMBULANCE SERVICES (LONDON) LTD

Members of the statutory Patients' Forum, which was abolished on 31 March 2008, formed the Company alongside the London Ambulance Service, as a not-for-profit body with exclusively Charitable Objects.

The Company is committed to act for the public benefit through its pursuit of wholly charitable initiatives, comprising:

(i) The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering; and

(ii) The promotion of the efficiency and effectiveness of ambulance services.

The Company is dedicated to the pursuit of its Objects as a small unregistered Charity with a view to registration with the Charity Commission, as and when appropriate

GLOSSARY

ACP … … … …	Advanced/Alternative Care Plan
A&E … … … …	Accident and Emergency Department
AMPH … … … …	Approved Mental Health Professional
ARP … … … …	Ambulance Response Programme
BME … … … …	Black and Minority Ethnic
CARU… … … …	Clinical Audit Research Unit
Cat 1 … … … …	Target - life threatening conditions – 7 minutes
Cat 2 … … … …	Target - urgent/emergency conditions - 18-40 mins
CCG … … … …	Clinical Commissioning Group
CmC … … … …	Co-ordinate my Care
CPR … … … …	Cardiopulmonary Resuscitation
CQC … … … …	Care Quality Commission
CQRG … … … …	Clinical Quality Review Group
CQUIN … … … …	Commissioning for Quality and Innovation
CTA … … … …	Clinical Telephone Advice
DKA … … … …	Diabetic Ketoacidosis
DNAR… … … …	Do Not Resuscitate Notice
DoS … … … …	Directory of Services
EBS … … … …	Emergency Bed Service
ECHO … … … …	End of life care hub
ED … … … …	Emergency Department (A&E)
EI … … … …	Equality and Inclusion
EHRC … … … …	Equality and Human Rights Commission
EOC … … … …	Emergency Operations Centre
EoLC … … … …	End of Life Care
FOI … … … …	Freedom of Information Act 2000
FT … … … …	Foundation Trust
HART… … … …	Hazardous Area Response Team
HCPC… … … …	Healthcare Professions Council
LGBT … … … …	Lesbian, Gay, Bisexual and Transgender
NASMeD … … …	National Ambulance Service Medical Directors' Group
NETS … … … …	Non-Emergency Transport Service
NHSE … … … …	NHS England
NHSI … … … …	NHS Improvement
NRLS … … … …	National Reporting and Learning Service
MAR … … … …	Multi Attendance Ratio
OOH … … … …	Out of Hours
PPI … … … …	Patient and Public Involvement
PRF … … … …	Patient Report Forms
PTS … … … …	Patient Transport Service
SCS … … … …	Sickle Cell Society
SCD … … … …	Sickle Cell Disorders
SECAMB … … …	South East Coast Ambulance Service
SI … … … …	Serious Incident
SOS … … … …	Secretary of State
STP… … … … …	Strategic Transformation Plan

APPENDIX ONE - PROTECTED CATEGORIES

AGE

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32-year olds) or range of ages (e.g. 18 - 30-year olds).

DISABILITY

A person has a disability if s/he has a physical or mental impairment that has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

GENDER AND REASSIGNMENT

The process of transitioning from one gender to another.

MARRIAGE AND CIVIL PARTNERSHIP

In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can alternatively have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act 2010).

PREGNANCY AND MATERNITY

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

RACE

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship), and ethnic or national origins.

RELIGION AND BELIEF

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

SEX

A man or a woman.

SEXUAL ORIENTATION

Whether a person’s sexual attraction is towards his or her own sex, the opposite sex or to both sexes

APPENDIX TWO

FORUM'S STATEMENT FOR THE LAS QUALITY ACCOUNT

PATIENTS' FORUM
FOR THE LONDON AMBULANCE SERVICE

FORUM QUALITY ACCOUNT STATEMENT AND RESPONSE TO THE LAS QUALITY ACCOUNT

Dear Trisha, thank you so much for asking the Forum respond to your Quality Account priorities. I attach our response to the areas that you have highlighted and also sent you a list showing some of the Forum's key achievements over the past year. I have also sent you our draft Co-Production Charter and we look forward to discussing this with you.

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 are visiting EOC in Bow and Waterloo and the 111 centres 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.

b) 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.

c) As an initial step the mental health card should be expanded to include mental illnesses or events, e.g. anxiety, depression, psychosis and risk of suicide.

d) There needs to be more mental health nurses on site, because when there is only one mental health nurse available, access to specialist mental health support is insufficient. If more Mental Health Nurses were available more mental health calls could be directed to a specialist support team.

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

f) 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, the advice to patients in a mental health crisis waiting for a response, not to eat or drink should be abandoned as poor 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 patient 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 Cat 1 and Cat 2 calls to secure estate gates 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 Sickle Cell disorders, and 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 pain control for children and young people, and production of a staff training video, which should be available in 2019.

WE RECOMMEND

a) That comprehensive staff training in relation to Sickle Cell disorders is 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 Sickle Cell patients remains of high quality and continues to improve.

5) COMPLAINT INVESTIGATIONs

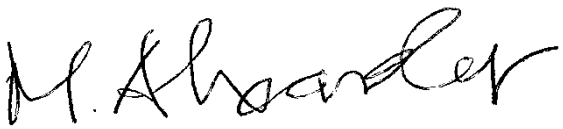
The Forum is working closely with the LAS Chair, Kaajal Chotai and Gary Bassett from the complaint's and quality teams, to carry out joint audits of complaints. We will jointly recommend how the process can be made more sensitive to the needs of people who have complained, and how the complaints system can positively improve front line services.

WE RECOMMEND

a) Recommendations produced as a result of 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 investigation of their complaints.

Malcolm Alexander



Chair
Patients Forum for the LAS
07817505193

APPENDIX THREE - FORUM'S MISSION STATEMENT

The charity aims to influence the development of better emergency and urgent health care and improvements to patient transport services, by speaking up for patients and by promoting and encouraging excellence.

We will:

(1) Optimise working arrangements with the London Ambulance Service and other providers and commissioners of urgent and emergency care.

(2) Work with other service user networks that champion the needs of patients.

(3) Further develop campaigns for better and more effective emergency and urgent care services, and more effective and consistent approaches to service provision that reduce deaths and disability.

(4) Work towards better systems for all patients and carers to communicate their clinical conditions effectively to LAS clinical staff, and receive effective and timely responses.

(5) Promote the development of compulsory patient focussed quality standards for Patient Transport Services.

(6) Work with partners to develop better solutions for the care, transport and disposition of people with severe mental health problems and their carers, that respect their wishes and meet their needs. The Forum promotes sensitivity to their vulnerability, safety, culture and the gravity of their situation.

(7) Campaign to convince the Commissioners for the LAS and the LAS Board to develop better assessment, clinical effectiveness and care for people who suffer from cognitive impairment and dementia.

(8) Work with the LAS to develop effective systems and protocols, that ensure the wishes of patients with Advance Directives and Care Plans are respected, and their care is provided completely in accordance with their prior decisions.

(9) Work with the LAS equality, diversity and inclusion leads to promote effective training of all LAS front-line staff in the provision of care for London's diverse communities, in relation to all protected categories identified by the Equality Act.

(10) Work with the LAS Equality and Inclusion Committee to develop a workforce that reflects the diversity of communities across London, and provides care based on culturally and ethnically-based needs, when this is appropriate – for example, in relation to Sickle Cell disorders and mental health care.

APPENDIX FOUR - THE PATIENTS' FORUM LEAFLET

HOW IT WORKS

We hold monthly meetings that are open to Forum Members and to the public. These are usually held in the LAS Conference Room at 220 Waterloo Road, SE1 8SD, a few minutes from Waterloo Station. YOU ARE WELCOME TO ATTEND.

We invite service users and other influential speakers to discuss a wide range of issues connected to urgent and emergency care. They address the Forum and deal with questions and recommendations for service improvements. Each month we also meet with the Commissioner for the LAS who represents all London Clinical Commissioning Groups 9CCGs) to discuss ideas for service development.

We promote equality, inclusion and diversity in the LAS.

PATIENT EXPERIENCES DEPARTMENT
Tel: 0203 069 0240
ped@londonambulance.nhs.uk

CARE QUALITY COMMISSION
Tel: 0300 61 61 61
enquiries@cqc.org.uk

NHS ENGLAND
Tel: 0300 311 22 33

HEALTHWATCH ENGLAND
Tel: 03000 683 000

WHAT IS THE FORUM?

The Forum is an independent watchdog monitoring the London Ambulance Service (LAS). We advocate for patients by keeping a watch on emergency and urgent care in London, and we campaign for more effective services.

Patients, carers, community organisations and Healthwatch, can join the Forum and contribute to our work to achieve safer and more effective services.

Our Executive Committee regularly meets with senior LAS staff and the LAS Commissioners, to raise issues and to make proposals for better and more effective care.

We meet with health groups, e.g. mental health and sickle cell, to ensure that their experiences influence LAS services.

Most LAS services are excellent - our role is to promote public involvement and ensure that all patients receive care of the highest quality.

JOIN THE PATIENTS' FORUM
Receive monthly invitations to Forum meetings, and information about developments in urgent and emergency care.

Email or telephone your details to:
patientsforumlas@aol.com
0208 809 6551 or 07817 505193
www.patientsforumlas.net

JOIN the PATIENTS' FORUM for the LONDON AMBULANCE SERVICE

Tell us about your experience of Emergency and Urgent Care

OUR ACHIEVEMENTS ...

The Forum has worked with the LAS and the Commissioners to improve care and practice in many areas, including:

- Prioritising training, care and treatment for patients with a mental health crisis and dementia care.
- Improving end-of-life care and transport for people who are terminally ill.
- Promoting the development of 'falls teams' for people who have fallen, but do not need hospital care.
- Developing joint work between the LAS and local services, to improve access to local care services.
- Encouraging a greater focus on the outcome of complaints and serious incident reports, as a means of improving services.
- Supporting and implementing Duty of Candour when optimal care has not been provided.
- Promoting equality, inclusion and diversity in the LAS.

FORUM'S EXECUTIVE COMMITTEE 2015/2016

Malcolm Alexander - Chair
Sister Josephine Udie - Vice Chair
Angela Cross-Durrant - Vice Chair
Lynn Strother
Kathy West
John Larkin - Company Secretary
Joseph Healy - President of the Forum

THE FORUM'S PRIORITIES FOR THE LAS

Emergency Care within 8 Minutes - Targets for emergency care are not being met for some patients. The LAS must be given sufficient resources to provide emergency care within 8 minutes - immediate care saves lives and substantially reduces disability.

Urgent, but not an Emergency (Category C) - LAS responses to Cat C calls are often poor. Patients who are very ill, but not life-threatened, sometimes wait hours for treatment, instead of 20 minutes. The LAS must have resources to meet Cat C targets (20 minutes for 90% of calls).

Home Care - Not Hospital Care - The LAS should develop agreements with local health and social care services in EVERY London Borough, so that immediate, effective and safe support and care is provided to patients who are frail and vulnerable, but need home care and not hospital care.

Dementia Care - Training in Dementia Care must continue to improve and to become more comprehensive - e.g: with pain control. We have recommended the film 'Barbara's Story about Dementia Care' is seen by every member of the LAS staff.

- See Barbara's Story on YouTube at http://www.youtube.com/watch?v=DtA2sMAjU_Y

FAST Test for Strokes - Refresher training is needed by all front-line staff to ensure that they are fully competent to identify strokes using the FAST test, and to rapidly transport patients to Stroke Units.

FAST ... ... **F**ACE - **A**RMS - **S**PEECH - **T**IME to call 999

Mental Health Care - People with severe mental health problems who become ill on the street - or at home - and require emergency care, should be treated immediately by Paramedics and Nurses with specialist training in mental health care.

Ambulance Queueing Must be Stopped - Ambulance queueing outside A&E Departments is completely unacceptable and must be stopped. It results in very sick people waiting an hour or more for A&E care, and prevents Paramedics from treating other seriously ill patients.