



PATIENTS' FORUM AMBULANCE SERVICES

**Recommendations to the
London Ambulance Service NHS
Trust and its Commissioners
2009 -2010**

Patients' Forum Ambulance Services – London

Recommendations to the London Ambulance Service NHS Trust and its Commissioners (2009 -2010)

Contents	Page
Commissioning the London Ambulance Service	4
Public Involvement and the London Ambulance Service	6
Category A Response	7
Staff Training and Multi-Disciplinary Reviews of Patients' Care	8
Patient Transport Services (PTS)	10
Communications with Patients	11
Polyclinics	13
C1 Driving Licenses for New Paramedics	14
Diversity in the London Ambulance Service Workforce and on the Trust Board	15
Mental Health Care	17
Complaints and Incidents	19
Position of the Patients' Forum on the London Ambulance Service Foundation Trust	21
Our Draft Priorities for the London Ambulance Service Foundation Trust	23

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's assurance to the Patients' Forum:

"We remain fully supportive of the Forum's work and will continue to involve members in our activities this year."

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
<p>That patients and users across London are able to have their voices heard and their needs and aspirations acted on by the Commissioners.</p>	<p>This section contains recommendations for the Commissioners, not the LAS.</p> <p>The LAS strongly supports the concept of involving patients and the public in commissioning.</p>
<p>Prioritisation of continuous and appropriate training for all front line staff, paramedics and technicians.</p>	<p>The training being delivered within the Trust this year reflects the requirement to ensure that all staff are current in all areas of mandatory and statutory training. These elements have received priority in the current training plan.</p> <p>A second strand to the training plan is addressing the areas of new skills such as advanced patient assessment and airway management with supraglottic airways. Staff are also being updated on assessment skills in paediatric and gynaecological patients.</p> <p>As part of New Ways of Working, our organisational development programme, regular training days have been included in new staff rotas.</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>The Trust has a full and wide-ranging clinical audit and research programme. The Assistant Head of CARU presented an overview of this programme at the Patients' Forum meeting in September 2010.</p> <p>CARU produces regular newsletters and updates on its work, as well as running research surgeries for staff engaged in clinical audit and research activities.</p>

Forum Recommendation	LAS Response
<p>A commitment to equal access and equal service quality for all patients.</p>	<p>The LAS is fully committed to achieving this recommendation and is already taking a number of steps in order to achieve it. A new Equality & Inclusion Strategy has recently been produced which will bring about a number of improvements.</p> <p>An example of some work we are doing to achieve equality of access is the TEASHIP project, which enables speech-impaired and/or deaf people to use our emergency 999 service.</p>
<p>A commitment to diversity, inclusion and equal opportunities for staff and new applicants.</p>	<p>The LAS is fully committed to achieving this.</p>
<p>Development of effective and continuous access to appropriate care pathways that meet patients' clinical needs in every London borough – combined with effective audit system that demonstrates that both access and clinical effectiveness are assured.</p>	<p>The LAS has been working towards this for some time. For the current year we have agreed to focus on three main pathways: minor injury units, walk-in centres and older fallers.</p>
<p>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.</p>	<p>This is a recommendation for commissioners, but we will support them to achieve it.</p>

Response from the Commissioners:

“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
<p>Feedback should be regularly published on the impact of public involvement on LAS strategy, policy and practice.</p>	<p>The LAS has a current Patient & Public Involvement Action Plan, and progress against this is monitored by the Patient & Public Involvement Committee. The PPI Committee reports to the Learning from Experience Group, and also provides regular reports to the Trust Board.</p> <p>The Learning from Experience Group reviews claims, complaints, patient involvement and other methods of obtaining feedback from patients and the public.</p> <p>We are committed to publishing examples of the impact of public involvement on our developments, and would generally do this via our website as well as through external bodies such as the CQC.</p> <p>As we move towards becoming a Foundation Trust, we will have robust mechanisms for involving our members in developments. Our public governors will be required to engage locally with their constituents and report through the Council of Governors.</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>We are happy to publish any such information on our website, via external bodies, and to communicate direct with those who have been involved in our developments.</p> <p>Our public governors will be fully engaged in our activities on an ongoing basis.</p>

Category A Response - We RECOMMEND:

Forum Recommendation	LAS Response
<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>This would be a significant piece of work, which we would not be able to achieve within our existing resources. To assess the consequence of these patients not receiving a Category A response, what actually happened to them would need to be established (i.e. whether they went to hospital or somewhere else; their diagnosis; any adverse effects, etc.).</p> <p>We currently find it difficult even to obtain cardiac arrest outcome data. We therefore do not think that what is being proposed would be possible to achieve, especially for such a large number of patients.</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>The LAS is required to attend at least 75% of all calls categorised as immediately life threatening (Category A) within 8 minutes of origin. We do not feel that this is a matter for us to justify as it is an external requirement.</p> <p>We know that fast response times to those patients who are seriously ill/injured, such as cardiac arrests, have a direct link to outcome. This has been demonstrated by the improved cardiac arrest survival rate recently published. This was against a backdrop of the best ever year's Category A performance and getting to more patients more quickly than we ever have before.</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>Our aim is to arrive on scene as quickly as we can for all patients that request and require an ambulance. We recognise that better clinical outcomes for those who are seriously ill or injured are directly linked to our arrival time on scene.</p> <p>We are funded and commissioned to arrive at 75% of all Category A calls within 8 minutes and at 95% of all Cat B calls within 19 minutes. To arrive at more patients more quickly in large numbers, whilst being our aspiration, would require significant additional funding.</p>

Forum Recommendation	LAS Response
<p>The LAS should demonstrate how they intend to achieve Clinical Performance Indicator completion rates of 95%.</p>	<p>This has been an area of poor performance in recent months. We recognise this, and are working hard to rectify it. We have recently seen a dramatic improvement as a direct result of a reduction in operational pressure (reduced demand for some of the period and increased capacity through the rota changes that we have introduced). This reduced pressure has enabled us to release Team Leaders from providing frontline operational cover and engage them on clinical supervision and monitoring activities such as CPI completion.</p>

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

Forum Recommendation	LAS Response
<p>The LAS should arrange for paramedics and technicians to be supported and encouraged to meet with A&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>We support the concept of paramedics and technicians being supported and encouraged to meet with A&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. However this is not always achievable because of operational demands.</p> <p>We will continue to support and release staff to attend such meetings where it is both appropriate and necessary. As a result of shift working and commitments staff may have on rostered rest days, it is not always possible to facilitate their attendance at such events.</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</p>	<p>This is a recommendation for commissioners.</p> <p>We support the concepts of ensuring staff are appropriately trained and supporting them to attend meetings, as outlined above.</p>

reviews of patients' care.	
----------------------------	--

Commissioner's response – staff training

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
<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>We are committed to providing a high-quality PTS service to those organisations with whom we have a contract.</p> <p>The LAS has - and will continue to - engage with PTS users and other stakeholders to continually develop a clinically focused service, which will be both more efficient and represent true value for money.</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 Programme.</p> <p>User involvement, choice and patient centred services are at the core of this recommendation.</p>	<p>The LAS is happy to work to the Quality Standards developed by the Forum. However, the quality standards form part of the commissioning process and it is necessary for these to be adopted by commissioners if they are to become an operating standard across London.</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>The LAS supports patient involvement as part of the commissioning process. However, this is a matter for commissioners of services to effect.</p>

Forum Recommendation	LAS Response
<p>There should be full involvement of users, the Patients' Forum and LINKs in the tendering process for all PTS in London.</p>	<p>This is a recommendation for those commissioning PTS but we support it in principle.</p>

Communications with patients - We RECOMMEND:

Forum Recommendation	LAS Response
<p>The development of a programme to recruit Emergency Operations Centre staff that can practice clinically in more than one language.</p>	<p>This recommendation would need to be discussed and approved by the Equality & Inclusion Steering Group.</p> <p>There is an action in the Equality & Inclusion Strategy action plan to produce and implement a new translation and interpreting policy, and tender for new interpreting and translation contract.</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>This would be a significant undertaking. It would involve trying to identify these patients, listen to call tapes to identify language/description difficulties, and/or review large numbers of Patient Report Forms for any comments relating to this. Then we would have to track the patients to find out what happened to them (as described above, getting outcomes from other hospitals or other providers is extremely difficult). In some cases patients may have had to make subsequent contact with us (or another healthcare provider) if they did not receive the appropriate care initially, but we would not be able to identify them. We would also need to get external funding for this lengthy piece of work, as it could not be done within our existing resources.</p>

Forum Recommendation	LAS Response
<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>At the Forum's suggestion, a survey of EOC staff has been carried out, to ascertain whether any staff would be interested in being supported to undertake interpreting training. However, the response was minimal and at present would not constitute an alternative route to ensuring timely, comprehensive and qualitatively sound interpreting. This need can be more fully and safely met through the new Interpreting and Translation contract and also possibly in the longer-term through the exploration of on-line interpreting, where appropriate.</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 Interpreting and Translation contract will be reviewed this year and the elements highlighted in this report will be taken into consideration in this review and the drawing up of the new contract.</p> <p>The LAS will also be producing a new Trust Interpreting and Translation Policy, on which we will consult the Patients' Forum and LINks. This is one of the key actions in the Equality & Inclusion Strategy Action Plan.</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
<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>Our understanding is that the development of polyclinics is under review by the new government.</p> <p>Currently polyclinics are commissioned locally. In the future this process will be led by GPs, as they will be expected to commission the services required to meet their local patients' needs.</p> <p>We are not in a position to comment on how polyclinics are funded or set up, nor to express a political view.</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>We support the concept of involving patients in the development of polyclinics, but (as described above) this process will be GP-led.</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>PTS remains outside the Payment by Results (PbR) Tariff; however, there is an assumption that if a patient is eligible for Patient Transport then this eligibility will remain regardless of the point of treatment. Again this remains an issue for commissioners rather than the PTS provider.</p>
<p>The health needs of Londoners will be better served by directly run NHS services.</p>	<p>This appears to be a recommendation that falls outside the Trust's remit.</p>

Forum Recommendation	LAS Response
<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>The LAS is a provider of PTS and is unable to dictate where the allocation of resources are made, which is decided by the commissioners. That said, we agree that efficiency and effectiveness could be improved where single providers are able to deliver services across a spectrum of transport needs as opposed to the current fragmented transport market.</p>

C1 Driving Licences for new paramedics - We RECOMMEND:

Forum Recommendation	LAS Response
<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>In the last two financial years, when we were recruiting in large numbers to the Student Paramedic programme and the A&E Support role, individuals who did not already have their C1 category were able to apply and go through the entire recruitment process before needing to obtain their C1. Unlike many other ambulance services, candidates were not required to obtain the C1 prior to application as large numbers of applicants did not pass the assessments or interviews. Once they were successful at interview, they were notified that to progress further they must obtain their C1, if they did not already have it, pass the driving assessment, have satisfactory references, CRB check and medical clearance. By virtue of the size of the vehicles which have to be used during the driving assessment to make the driving assessment of any use, this cannot be undertaken until they have the C1.</p> <p>As the Student Paramedic courses neared capacity, we advised to all those without a C1, in all stages of the recruitment process, not to progress to obtain C1 as it was unlikely that they would gain a place (in 09/10 or 10/11). They have more recently been sent another letter re-stating the same thing. We are currently applying the same approach to individuals applying for A&E Support in the current financial year.</p> <p>We are not expecting to recruit staff in large numbers over the next two years, but this matter will be reviewed when we are next recruiting front line ambulance staff.</p>

Forum Recommendation	LAS Response
<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>As described above, we are not expecting to recruit staff in large numbers in the foreseeable future. The issue of payment for C1 licenses will be reviewed when we are next recruiting.</p>

Diversity in the LAS workforce - We RECOMMEND:

Forum Recommendation	LAS Response
<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 diversity of communities across London.</p> <p>We have noticed that the Forum’s recommendations appear to focus solely or predominantly on ethnicity. However, the duty of the Trust is not just to develop a workforce which reflects the ethnic diversity of communities across London, but to develop one which is representative of the other strands, e.g. gender, disability, age, religion/belief and sexual orientation.</p> <p>We welcome any input that the Equality & Human Rights Commission would like to make into the work we are doing to promote equality for all its staff, patients and service users. We have already written to them to this effect.</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>	<p>We will be happy to work with voluntary sector organisations to achieve this aim.</p> <p>A key activity in the Equality & Inclusion Strategy Action Plan is to produce a new positive action recruitment strategy to attract people from underrepresented groups into the LAS workforce. This will be formally consulted on through the Equality & Inclusion Steering Group, which includes representation from the Patients’ Forum.</p>

Forum Recommendation	LAS Response
<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 new Equality & Inclusion Strategy seeks to develop a workforce representative of all the diverse communities in London, as well as to provide staff training on equalities across all six equality strand groups.</p> <p>The LAS is committed to inclusion of staff, and is in the process of establishing staff forums for each of the six equality strand groups, as required.</p>

Note: The LAS has 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. Two workshops were held at the 2010 Patient Care Conference, seeking patients’ and service users’ priorities for inclusion in the Equality & Inclusion Strategy action plan.

Diversity on the LAS Board - We RECOMMEND:

Forum Recommendation	LAS Response
<p>The Appointments Commission should review its recruitment procedures and approaches to advertising vacancies to the LAS Trust Board to determine why the Board does not reflect the population it serves.</p>	<p>This is not a recommendation for the LAS. However, we would welcome a more diverse Trust Board.</p>

Forum Recommendation	LAS Response
The Appointments Commission must ensure that future appointments to the LAS Trust Board reflect the diversity of the population serviced by the LAS.	Again, this is for the Appointments Commission. We will be carrying out equalities monitoring across the functions of the Trust, including recruitment to the Trust Board, as part of our work to ensure that the Trust is reflective of the diversity of our communities.

“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
The LAS should review the care and 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.	There is an agreement in place between the LAS and the Metropolitan Police about appropriate care and treatment of patients with mental health problems. A Mental Health Steering Group is being established to continue to develop this work and engage with stakeholders. This new group will bring together all the strands of work that we are currently undertaking regarding mental health and this will include the possible training requirements for our staff.
The LAS should give consideration to developing an expert cadre of paramedics trained as mental health	As described above, the new Mental Health Steering Group will be considering staff training needs.

practitioners.	
Forum Recommendation	LAS Response
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.	Although there would undoubtedly be benefits to a joint assessment tool, we do not feel that the LAS is in the best position to write it. However we would support the concept, and would be happy to work with other agencies to introduce it. The lead agency would need to be within mental health services, as they have the expertise in this area.
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&E services.	We are happy to work with patients and their GPs to produce patient specific protocols (PSPs) where this is appropriate. However, this is not the right approach for most patients with mental health problems because, for a PSP to be effective, the patient has to be fully compliant, and the PSP itself not subject to short term changes or requiring large amounts of clinician input. The best approach for mental health patients has been that taken by staff in the Frequent Caller Unit of the Patient Experiences team.
The report on the LAS 2008 Mental Health Conference and the recommendation developed by participants should be published by the LAS.	The mental health policy and further developments will be the responsibility of the new Policy Manager, who is to be recruited shortly.
The Camden Pilot for assessment of patients with mental health problems should be rolled out across London.	We are currently reviewing the evaluation of the Camden pilot to ascertain what the learning has been and what work we should undertake to improve the service. We would be keen to roll it out once we are clear that it has been effective and have made any necessary improvements.

Complaints and Incidents – We RECOMMEND

Forum Recommendation	LAS Response
<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 Learning from Experience Group, which monitors implementation of actions and recommendations from complaints and PALS enquiries. This information will, in turn, be reported to the Trust Board.</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>We do not feel it would be appropriate or useful to report back on each individual complaint. The vast majority of complaints are about delayed response times and staff attitude, and others may include issues of apparently lower magnitude such as a member of the public questioning our use of sirens.</p> <p>Although we are happy to openly share and report information, we believe it is more beneficial to consider emerging themes across all the feedback we receive, and individual cases of particular interest or importance.</p>
<p>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.</p>	<p>Many outcomes from complaints drive learning by ensuring that the staff involved undertake a reflective practice exercise to better understand the patient's perspective.</p> <p>A high volume of patient complaints relating to a specific treatment or clinical area is one of the triggers of a clinical audit. We would undertake an audit into the area concerned, identify issues and make recommendations for changes. We would then, after a period of time, conduct a re-audit to ensure that the changes have taken place and that they have had the desired effect.</p>

Forum Recommendation	LAS Response
<p>The LAS should routinely provide the following information to the Forum:</p> <ul style="list-style-type: none"> • Ombudsman’s investigations of complaints against the LAS, with any recommendations. • Serious Untoward Incidents (SUIs), outcomes and recommendations. • Coroner Rule 43 recommendations to the LAS. 	<p>We will publish case examples of all of these on our website, including patients’ own accounts (where we have their permission to do so).</p>
<p>Details of all current SUIs and SUI outcomes should be reported at public LAS Trust Board meetings and published on the LAS website.</p>	<p>SUIs will be published, as already promised and agreed.</p>

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

Forum Recommendation	LAS Response
<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 recommendation does not appear to be for the LAS.</p> <p>However, the way in which it is worded appears not to take into account that the governor's role is to, not only to ensure the Service is accountable to its members, but also to act as a 'critical friend'. We will consider this further when we are developing the Code of Conduct for governors.</p> <p>The role of governors 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.</p> <p>We would like Forum members to consider who they would be representing if any of them were to become a governor, and how this would work within the spirit of the Act.</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>This is not a recommendation for the LAS.</p> <p>There will be a process by which individuals may stand for election as public governors, which will be communicated to members in due course.</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>This is not a recommendation for the LAS.</p> <p>We feel that the idea of having a Patients' Forum manifesto gives a false impression of the election process. Individual FT members will be given the opportunity to stand as governors, but this will be to represent the people who have elected them. We therefore do not feel it appropriate to have a manifesto already prepared without consultation with constituents.</p>

Forum Recommendation	LAS Response
<p>To work with the LAS to encourage wide scale, well funded participation in the governor’s elections.</p>	<p>Again, this appears to be a recommendation for Forum members rather than the LAS.</p> <p>However, naturally we will encourage wide participation in the elections.</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>This is not a recommendation for the LAS.</p> <p>We are not entirely clear about the recommendation’s meaning (“the Forum’s strategy in relation to the FT Board”). We believe it is for the Forum to communicate its strategies to other organisations, not the LAS.</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>We feel it would be confusing to FT members, to be encouraged to join the Patients’ Forum by the LAS. There are currently over 4,000 public FT members, and we do not think it appropriate to encourage them all to become members of the Forum. Rather than encouraging them to become members of the Forum, we will continue to encourage Forum members to become FT members.</p> <p>However, we are happy to carry on liaising with the Forum, as we will with other voluntary sector bodies and patient groups, after we become an FT. Our membership will be one, but not the only, method of engaging with patients and the public.</p> <p>How the Patients’ Forum organises itself after the LAS becomes a Foundation Trust is a matter for the Forum members to decide.</p>
<p>To adopt the strap line: “Holding the LAS to account – Enhancing London’s democracy.”</p>	<p>This is a matter for the Forum to decide. As far as we are concerned, the democratic element comes with the FT elections and governor arrangements.</p>

Forum Recommendation	LAS Response
Foundation Trust Board meetings should be open to the public.	We have already confirmed that, when we become a Foundation Trust, our Board meetings will continue to be open to the public as at present.

Our DRAFT priorities for the LAS Foundation Trust:

Forum Recommendation	LAS Response
<p>1) Equal access and choice of services and treatment</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>It will not be for the Forum to set the Trust's priorities.</p> <p>However, we are committed to equality of access and patient choice.</p>
<p>2) Clinical partnerships with other care services</p> <hr/> <p>The LAS should actively work with hospital A&E departments and other healthcare organisations to jointly improve care and care pathways for patients.</p>	<p>As described in the sections above, we are keen to work with our partners to improve patient care.</p>

Forum Recommendation	LAS Response
<p>3) Training of Paramedics and Emergency Medical Technicians</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&E clinicians.</p>	<p>Please see our response to this recommendation earlier in the report.</p>
<p>4) Alternative ways of providing emergency and urgent health care</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>We are committed to developing the most appropriate ways of providing care. Some developments will be subject to commissioning arrangements and priorities.</p>

Forum Recommendation	LAS Response
<p>5) Non-emergency care</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>This recommendation needs to be understood in the national context, in that we are moving away from time based targets. Indeed it is likely that the Category B target will be removed next year and be replaced with quality measures. The Category C time target has already been removed.</p> <p>We do monitor our on-scene times for Category C callers. We aim to be on scene within 60 minutes for 95% of these callers and we are currently meeting and exceeding that threshold.</p> <p>The idea of maximum waiting times is not new. However, this is fraught with complicated and patient-specific issues that would mean each call needing a bespoke assessment and, whilst this is possible, it is not comparable.</p> <p>We have found that, for the vast majority of patients, the 60 minute response time for those that are not life threatened in any way adequately meets the need of this patient group.</p>
<p>6) Mental health services</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>Please see our response above in the section on mental health.</p>

Forum Recommendation	LAS Response
<p>7) Patient Transport Services (PTS)</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>The LAS supports the Forum's Quality standards and the aim that a patient-focused approach should be taken to the ongoing development and deployment of services. To ensure that this becomes standard practice across the PTS market, the Forum will need to engage with Commissioners and Regulators who hold the key to standardisation of service delivery.</p>
<p>8) Complaints about services provided by the LAS</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>Please see the section above on complaints.</p>

Forum Recommendation	LAS Response
<p>9) Communication with the public</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>We understand that the future of NHS is currently under review.</p> <p>We regularly provide information about how to access services through our extensive public education activity. We believe that any London-wide or national information campaign should be led by the Department of Health, in light of the changes that are going to take place over the next two years.</p>
<p>10) LAS Governors and the public</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>	<p>Guidance and support will be available for LAS governors. Part of their role will be to engage with their constituents, and we will work with them on their own development needs to achieve this.</p>