

London Ambulance Service: Developing a Strategy for Patient and Public Engagement



London Ambulance Service **NHS**
NHS Trust



Event Report from June 4th 2014

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Executive Summary

The following recommendations are made in response to the contributions made by participants.

Insight and Feedback

- Map and document the full range of patient experience evidence we have access to
- Increase the amount of patient experience data we collect by working with; local providers and commissioners, Healthwatch and other patient groups, through social media and by reaching out via a surveys, including telephone surveys to people who have experienced our services
- Report insight, feedback and an action plan to the Board
- Publish the findings and actions from feedback on the website, demonstrating, 'you said, we did'

Public Participation

- Establish a proactive community outreach and education programme targeting specific groups of patients such as those who use our services more frequently
- Make good use of our Community Involvement Officers to support engagement with patient groups and geographical communities
- Engage our Foundation Trust membership as a strong public voice to test plans for change
- Look at establishing a network of community champions to act as ambassadors for the service

Individual Participation

- Link with organisations who have trusted relationships with specific patient groups and communities
- Work with Clinical Commissioning Groups to tap into local initiatives such as the Primary Care Navigators, identifying one CCG to test the approach initially
- Co-design targeted information for specific communities
- Use patient stories to inform staff training and induction

Governance and Assurance

- Develop and nurture a process and culture of patient engagement in service change, 'Nothing About Us Without Us'
- Establish a Patient Representative Reference Group to engage on strategic decisions and changes to services
- Ensure the patient voice is represented as part of our assurance processes by including patient representatives as part of our committee structure

Purpose and format of the event



The event was held on June 4th 2014. It was independently facilitated by Patient and Public Involvement Ltd and brought together a mixed group of patient and public representatives to inform the development of a strategy for patient and public engagement over the next five years.

Invitations were made by Richard Hunt, the Chairman of the London Ambulance Service to a range of patient and public representative groups. This included all 32 Local Healthwatch and Healthwatch England along with a range of other organisations who would have an interest in our work. In targeting organisations to invite, we aimed for a balance of pan-London organisations as well as those with a more specific and local focus. We contacted organisations with an interest in older age, children and young people, mental health, disability, palliative care, maternity, race, religion and belief as well as those from the existing LAS Patients' Forum. 32 people attended the event on the day representing a good range of organisations and patient perspectives.



Following an introduction to the London Ambulance Service by Richard Hunt and the current work of the Patient and Public Involvement and Public Education team by Margaret Luce, participants worked in groups to consider 4 specific aspects to patient and public participation:

Individual Participation: people in control of their own care

Public Participation: communities with influence and public education

Insight and Feedback: understanding people's experience to improve our services

Governance and Assurance: how we are accountable to the people we serve



With support from a facilitator on each table, in groups of four to five, participants were invited to discuss two of the topics in detail during the afternoon. Participants were provided with three prompt questions to aid discussion and were invited to provide their personal feedback using post-it notes that were placed on the wall under the relevant heading. They were also invited to indicate their top three priorities at the end of the day using sticky dots. The feedback and priorities generated on the day have been used to create this report and have informed the Communication and Engagement Strategy prepared for agreement with our Board.

Additionally we contacted all organisations who were unable to attend, and invited them to comment on the topics and prompt questions. Six detailed responses were provided.

Insight and Feedback

Understanding people's feedback to improve our services

You Said..

'London Ambulance Service and voluntary organisations would benefit from communicating together at my grass roots level – talk with services in touch with clients'

'Use Local Healthwatch or voluntary organisations to collect the data'

'Could use an on-line feedback platform – people can feel more comfortable giving feedback to a third party'

'Use community psychiatric teams and services to promote feedback platforms as children and young people who use an ambulance will often end up there'

'Involve carers especially where people have dementia'

'Need to get someone to analyse the data and pull out the themes'

'Consult with patient groups via partner organisations'

'Promote how you are listened to and acted on feedback to show people it's worth providing it'

Our aims..

Map and document the full range of patient experience evidence we have access to so we understand what is most important to patients.

Look at this information against our own complaints data, so we can inform our service improvement.

Increase the amount of patient experience information we collect by:

- Working with local providers and commissioners to test whether it is possible to include LAS specific questions into their patient surveys.

- Working with Healthwatch to test whether it is possible to work together on a patient feedback approach.

- Use social media, including sites such as Patient Opinion and NHS Choices to help us understand the full picture of patient experience.

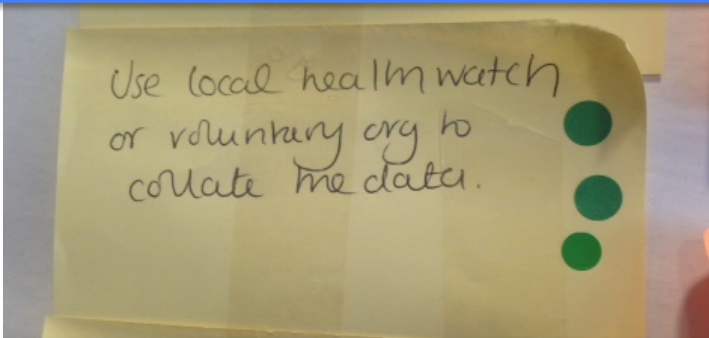
- Undertake surveys with a random sample of patients who have used the service.

Develop a system and process to provide analysis of the information gathered through the sources above. The system should enable us to track our progress against what is important to the patients, such as dignity and respect. The criteria used to measure progress should be developed with patients and patient representatives.

Establish a process of prioritisation to identify specific areas for improvement.

Report our findings to the Board

Publish our findings and actions from feedback on our website and through other social media in the form of 'You Said, We Did'



Use local healthwatch
or voluntary org to
collate the data.

Individual Participation

People in control of their own care

You Said ...

'Link with organisations who already have trusted relationships with service users'

'People with hidden disabilities to have recognisable 'cards' with personal information including medication "what I need"'

'LAS needs to be aware of charity help lines to advise patients to utilise them'

'Joined up service, 999 and 111'

'Education, education, education, start with schools'

'Communications skills'

'Patient experience videos for sharing'

Link with organisations who have trusted relationships with specific patient groups and communities.

We will look at our patient case mix and target organisations who represent patients who frequently use services to find out what their members are telling them.

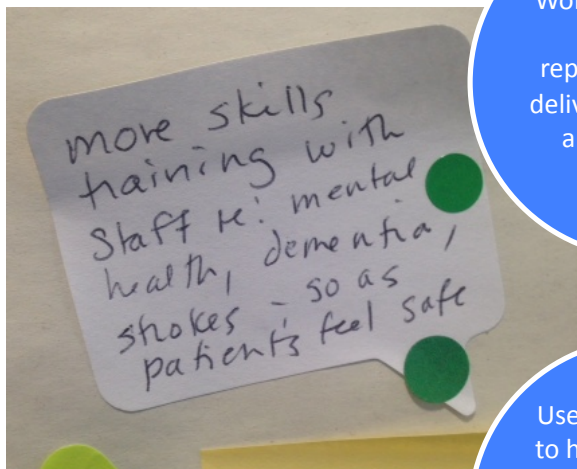
Work with Clinical Commissioning Groups and others more closely to ensure our patients can be sign-posted to appropriate community support.

Co-design targeted information for specific communities. We will describe the service and what happens when you need to use an ambulance.

Work with patients and patient representatives to deliver staff training and induction.

Use patient stories to help to illustrate the whole patients pathway as part of training and induction.

Our aims..



Public Participation

Communities with influence and public education



You Said..

'Make contact with same groups and talk to them, don't wait until they ask you'

'Run community events to raise awareness of LAS – how it operates and what it delivers, targeted at excluded groups'

'Collaborative working – LAS must enter into an ethos of working alongside other uniformed services, this also ensures you meet local organisations and local people'

Reach out to excluded groups, use the BME Forum, that can facilitate this'

'Community and voluntary sector forums already in existence – attending these to raise profile'

'Getting user groups involved with education and training of staff as well as working with these groups to engage with the public'

'Too top down?'

'Feedback should be wider, include carers'

'Set up a volunteer programme (other than frontline staff) to attend community events and meetings to represent the LAS'

Our aims ..

Extend our community outreach programme, ensuring it is tailored and proactive to the needs of our patients.

Combine patient and public feedback opportunities with our public education programme.

Target specific groups for education and involvement activity, focusing on those who use our services more frequently, those who have higher health inequalities and groups whose voices are seldom heard.

Support our Community Involvement Officers to provide a local 'link' between the LAS and external stakeholders and patient groups, gathering contacts relating to local issues.

Continue to use our Foundation Trust membership to engage and involve them as a strong public voice to test plans for change and strategic decisions.

Explore how we can work more with our Foundation Trust membership to establish Community Champions to act as ambassadors for the Service, sharing information, informing people about the service, engaging with specific groups and



Governance and Assurance

Being accountable to the people we serve

You Said ...

'Priorities for LAS public education, e.g.. Stroke, heart, overdose'

'Openness, honesty, transparency, equality and diversity. Involvement with the voluntary sector'

'Healthwatch representation volunteer roles to be at meetings, ask for comments on strategy documents'

'Link in with other services about crisis prevention'

'Personal patient responsibility to be taught at schools, colleges and workplaces'

'GP practices have patient participation groups, tap into these'

'What the service can do and cannot do'

'Nothing About Us Without Us' – develop a culture and processes that ensure the patient voice influences our plans from an early stage.

Feedback to patients on how we have taken their views on board and adapted our plans using 'You said, we did'

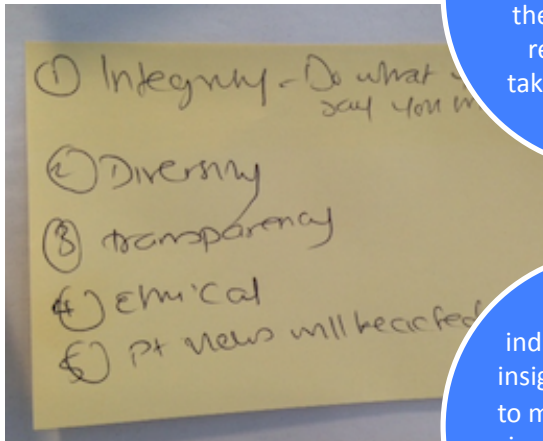
Establish a Patient Representative Reference Group, to meet bi-annually and to engage virtually on strategic decisions and changes.

Continue to have the patient voice represented on assurance committees throughout the service.

Have a twice yearly report to the Board will demonstrate these findings and remedial action taken as necessary.

Develop key indicators based on insight data and look to measure these for improvement once we have taken the appropriate operational action.

Our aims ..



Prompt Questions

Groups were provided with the following questions to prompt discussion

Individual Participation – people in control of their own care

How can we encourage people to feel in control of their own care in the event that they need to use an ambulance?

What could we do specifically to develop collaboration between ourselves and individuals who are more likely to need our services?

How could we work with others to improve our part within the whole patient pathway?

Insight and Feedback – understanding people's experience to improve our services

Gathering patient experience feedback is difficult for Ambulance Trusts but it is important for us to understand what the experience is like for patients so we can improve our service. Thinking about the people you represent can you suggest any creative or innovative ways we could gather patient feedback?

Could you gather any data or information about how people view their experiences of using our ambulances to help us create a full picture?

Are you able to share any data or information with us about patient experiences of our service? If so what data sharing protocols might we need to develop?

Public Participation – communities with influence and public education

On average a person uses an ambulance once every sixteen years, what can we do to encourage people to engage with us on developing and improving our services?

What specific methods could we use to engage communities so they can influence our service?

As a representative of others who may feel excluded or that their voice is not always heard, is there anything you can do to help us engage with communities of experience, interest or place?

Governance and Assurance – how we are accountable to the people we serve

What values and principles should we adopt as part of our strategy to ensure we are fully accountable to the people we serve?

How can we best enable a representative voice for **all** patients and potential patients using our services in the decisions we take as an organisation?

Is there anything you can do to help us be accountable moving forward?

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Thanks and next steps

The findings from the event and the on-line questions, have been used to create a Patient and Public Engagement strategy as part of our overall Communications and Engagement strategy. Subject to approval we will begin to implement our findings in the coming months.

We would like to extend a grateful thanks to all those who took part in the event, including; patient representatives, staff and Board members and to those who responded to our questions on-line. WE are committed to ensuring patients and the public are at the heart of the way we provide our service.



Patient and Public
Involvement Solutions

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Patients and public at the heart of care