

Sickle Cell

PF LAS

Steve Lennox  
Director of Nursing and Quality  
London Ambulance Service  
Executive Office  
Headquarters  
220 Waterloo Road  
London SE1 8SD

31 January 2014

Dear Mr Lennox,

Re: Sarah Mulenga

Thank you for your letter dated 03 December 2013, which has been passed to me by the Society's Interim Chair; Kye Gbangbola. His letter to you dated 07 January 2014 refers.

The Interim Chair and I have now had the opportunity to discuss the contents of your letter in detail.

At the outset I think it is important to state that as the national Sickle Cell Charity our interest is first and foremost to establish i) what learning LAS has put in place as a result of this tragic case, in the interests of individuals with sickle cell disorder and ii) what progress, if any, the LAS has made on the actions it identified should be taken as a result of this case.

The Society believes this approach respects the wishes of the Mulenga family and is focussed on lessons learned not the precise details of the case.

I note that you conducted audits of the way LAS manage sickle cell crisis in 2004 and 2011. It is reassuring to know that the 2011 audit demonstrated improvement from 2004 in the specific areas set out in the bullet points in your letter.

As I understand it from your letter, in April 2009 revised JRCALC guidelines on the management of sickle cell crisis were released. It would be helpful if you could forward a copy of the current guidelines. In any event it is not clear from your letter whether the JRCALC guidelines have been reviewed in light of the Sarah Mulenga case. Clearly I am aware that this was one of the actions LAS had identified. I make this point because NICE has recently consulted the Society and other stakeholders on its pain management guidelines. We therefore urge you to progress this outstanding action. The Society would, of course, be happy to be involved with such a review, involving patients, carers and clinicians. Could you also let the Society know if you responded to the NICE consultation and if so could you please send us a copy of your response?

The undisputed fact is that Sarah Mulenga had sickle cell disorder and the ambulance crew that attended to her on the evening of her sad death did not follow LAS policy and procedures, nor were the ambulance crew appropriately trained.

As you rightly point out the case has been in the public domain for some time. The Society's position is certainly not about re-publicizing the case but simply one of assurance that lessons have been learned by the LAS and action taken as a result of this tragic case.

Turning now to the areas 1-4 identified for further work;

1. To undertake a review of student paramedic training

I am surprised that this action was discontinued so quickly after it was identified? It would be helpful to know the rationale for this? I have spoken with the staff of the Society and with Patrick Ojeer and frankly we are not aware of the other courses of action the LAS has undertaken with the Society. It would be helpful if you could be more specific on this matter.

2. Review and strengthen the Managing the Conveyance of Patients Policy and Procedure

I have to say that this is not at all clear. Sickle cell was a key issue in this case and to say that once LAS knew that sickle cell was not the issue, you did not need to specifically make a sickle cell review is from my perspective disingenuous. The inquest last year found serious failings in the care provided by LAS paramedics. It was also clear from the inquest that the paramedics did not carry out basic checks and that the paramedics who arrived on the scene refused to take her to hospital. Having regard to these facts I find it extraordinary that you now conclude that there is no reason to review this policy. Please clarify the last time this policy was reviewed in relation to sickle cell?

3. The Trust will invite the Sickle Cell Society to consider the JRCALC guidelines for sickle cell management. The Trust will actively promote the increased involvement of patients who have sickle cell disease

I have dealt in part with this point in paragraph 6 of this letter. Did the LAS have any plans or even ideas about how you intended to promote the increased involvement of patients with sickle cell disorder? I am sorry that you believe that your relationship with the Society has deteriorated. I can assure you that this has not been due any action or inaction on the part of the Society. I have had the opportunity to speak to Patrick Ojeer about your communication with him in late 2010 and the meeting you held with service users in January 2011. I understand that there was no feedback after your meeting with the service users, particularly on how their views would, if appropriate, inform the work of the LAS. Furthermore despite giving a commitment to reimburse the travel expenses of the service users who attended the meeting, this too did not happen.

At the time of writing this letter, I have had no contact from your Head of Patient Involvement; Margaret Luce. I was however invited to a meeting of your Learning from Experience Group on 13 January 2014, which unfortunately I could not attend because of prior engagements.

4. The investigation report will be used as a case study

This is another example of a stated LAS action not being followed through. Your reason for this is the difficulties for the LAS because of the expressed wishes of the family. This was a serious case and we have no doubt that it would have been perfectly possible to use the lessons of this case study as an important case study for staff and the wider Ambulance services across the country, without causing further distress to the Mulenga family.

In summary it remains very hard to discern in a clear way what progress you have made in improving the management of patients with sickle cell disorder. Actions identified from a LAS serious case review have not all been followed through, no attempt was made to engage and involve individuals with sickle cell disorder after your meeting with the Society in 2011, which coincidentally was around the same time as this tragic incident, and there has been no follow up with the Society since the LAS review and the Inquest.

Yours sincerely,

John James  
Chief Executive  
Cc:

Kye Gbangbola – Interim Chair Sickle Cell Society  
Richard Hunt CBE- Chairman London Ambulance Service  
Ann Radmore- Chief Executive – London Ambulance Service  
Mark Whitbread- Paramedic Director – London Ambulance Service  
Bill O'Neill- Director of Organisational Development- London Ambulance Service