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Chair, Patient's Forum for the LAS  
WWW.PATIENTSFORUMLAS.NET

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Dear Colleague,

### **PATIENT-CENTRED URGENT AND EMERGENCY CARE SERVICES IN LONDON**

We are writing to you to suggest some more effective approaches to the organisation of London's urgent and emergency care services, and increased funding for the London Ambulance Service, to better value and retain front line staff.

The Patients' Forum is an independent lay organisation, that has monitored the LAS for 10 years. We continuously review the work of the LAS and the wider urgent and emergency care system, from the point of view of service users, carers and the public. We are a critical friend of the LAS, attend some of their committees, hold monthly meeting of service users and meet regularly with the LAS commissioners. Our Annual Report is attached and provides information about our work and our recommendations to the LAS, CCGs, TDA and CQC.

The Forum is aware of the current negotiations regarding funding for the LAS, and of the unrelenting pressures on London's urgent and emergency care system. We keep a very close watch on Cat A and C performance data, and believe it is essential to understand the pressures on the LAS, alongside other significant pressures on London's acute, community and social care services.

Having closely observed the development of the LAS since it was put into special measures and for many years previously, we believe the new leadership understands the magnitude of the transformation that they are working to achieve, is determined to succeed, and are developing new skills and abilities to respond to the challenges facing this major emergency service. The changes so far made and those in progress are significant in addressing the areas identified by the CQC. These include essential measures to improve safety, quality, staff support and patient's involvement and feedback. We believe the management team is determined to deliver the best possible service to patients and make LAS an excellent place to work. The Patients' Forum does and will continue to strongly support LAS, its management, Commissioners and its new Chair of the Board,

Heather Lawrence, to concentrate on producing comprehensive and positive outcomes – making the LAS a truly excellent service for patients, a great place to work, and to increase stability and learning from experience. The progress so far has facilitated significant and positive service developments and achievements in relation to cardiac arrest, stroke, mental health care, dementia and end of life care - successful achievement of the CQUIN is an indication of these successes. In the future we also look forward to, and will monitor, significant developments in services provided to patients with sickle cell disease, learning disabilities and those requiring bariatric care.

We believe that urgent and emergency care services will only radically improve to meet the needs of people in London, if the weaknesses of primary care, community health and social care are dealt with, to enable these services to work closely with the LAS, in order to create a coherent, coordinated multi-agency service. For example, when the LAS attends a vulnerable person who has suffered a fall but no fracture and who has no home support, access to a falls team and ongoing home care may be the right response to meet the needs of this patient. Instead, the LAS is often forced to take the patient to A&E, even though we know this may be the worst option for the patient; this is also the case for patients who have dementia or mental health problems. These patients are usually allocated a C category response, which can exacerbate the situation. What they often need is care and treatment by a rapid response team and ongoing community support.

A consequence of this poorly coordinated system is rising demand on A&E, bed blocking and the appalling queues, which have been growing outside 10 of our major London Hospitals. What is terrible from the patients' point of view, are long waits in every bit of the system: hours waiting for an ambulance; queuing outside A&E; within A&E and then waiting to go home or being admitted. This can amount to a wait of 8-10 hours from 999 call to admission for an elderly vulnerable person.

The current system is not designed with the vulnerable patient at its centre – they are at the edge - waiting. However, new services like NETS for patients requiring a mental health assessment; paramedic-nurse collaborations in north-east London and the LAS clinical hub, are examples of some successful service transformations.

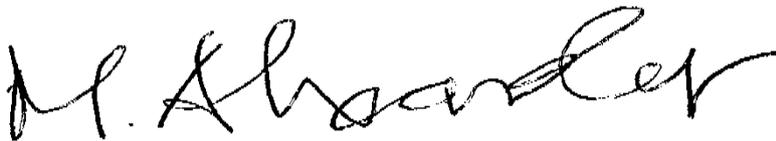
We would like to suggest 5 ways forward that would enable you to transform the current situation in urgent and emergency care:

- 1) Abolish ambulance queues so that patient handover is immediate, and the LAS can treat seriously ill patients instead of wasting time outside A&E.
- 2) Introduce falls and dementia home-care services in **every** borough, to enable **rapid** handover from the LAS to the community team for ongoing care.

- 3) Deal with staff shortages and diversity. A major historical weakness of the LAS was their failure to recruit staff from inside London and a lack of diversity. Wages are too low (band 5) for staff to live reasonable lives and pay rent within London, and there is massive shortage of key worker housing. Upgrading to band 6 for paramedics is a very important way forward.
- 4) Develop LAS NETS services pan London to provide rapid, timely, non-emergency care services for patients with mental health problems and those needing end of life care, who do not require blue-lights transport.
- 5) Ensure that urgent care services are widely and continuously advertised across London in places where people can see the information, e.g. GP surgeries, outpatients, bus shelters, pharmacies and supermarkets.

We hope you find our comments and recommendations useful and look forward to receiving your response.

Yours sincerely,



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