

London Ambulance Service comments

Page: [Introducing the Plan](#)

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London Ambulance Service is the largest ambulance service in the UK and one of the largest in the world. We play a major role in supporting the health needs of people who live in, visit, or work in London. Demand for NHS services has been sustained and we have seen increasing demand on us – in 2016/17 we received over 1.8m 999 calls and attended 1.1m incidents. We are the only London-wide healthcare provider and work closely with the whole of London's NHS, as well as our emergency service colleagues.

Population growth in London affects demand on our services, particularly as the largest population increases are in the 50-64 age range and in the 65+ age range, who are typically significant users of health services. In order to manage the demand on our services and ensure we provide the best possible care for patients we are developing our strategy for the next five years, further detail on this is contained within our responses to the London Plan.

We have undertaken a considerable amount of forecasting and modelling work in order to inform our strategy, manage demand and ensure safe staffing levels. We are working with the Policy Institute and the Department for Informatics at King's College London to examine how new types of data and intelligent technologies could help us in responding to 999 calls.

The project is looking at how different types of data could help us in responding faster and improving outcomes for patients. This exciting project is looking at how technological developments can support us in demand management, as well as strategic planning, tactical responses (such as weather forecasts) and real-time decision-making.

As well as exploring how data can support us and benefit patients we are also interested in how our data can support others, such as sharing data with other emergency services to highlight where incidents occur and support preventative approaches. Part of the DASH project aims to help us link with alternative data providers so we can work more collaboratively in the future. There is the potential for the data that we hold to be used elsewhere in London to provide greater understanding and we'd be happy to have discussions with City Hall about how we could work together on this in the future.

Page: [Chapter 3 Design](#)

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We recognise the importance of growth for London and the development of town centres. In assessing the potential for intensification in town centres, access for emergency services should be a key consideration. As town centres become increasingly congested and road layouts change to accommodate new developments this impacts on us, both in the short-term, while works are carried out and longer-term in changing access routes and increasing and changing the demographics of an area. The rate and scale of construction in London can create challenges for us, particularly where there is a significant impact on surrounding roads. We have adapted how we operate to take account of growth in London and some of the challenges in accessing certain parts of London by vehicle. In highly congested areas we operate cycle response teams and motorcycle response teams who treat patients and can either discharge them at scene or provide life-saving treatment whilst an ambulance is on its way. They carry the same equipment as ambulances and are an essential resource in London, however they cannot transport patients, so there is always a need for planning to take account of emergency service access – this needs to consider both vehicle access but also the ability to gain access quickly in order to not delay patient care. There is also a need for us to be able to park safely whilst we treat patients. Engagement should be early so that we can engage in any consultations as fully as possible.

We have been engaged in the consultation on the pedestrianisation of Oxford Street and have raised concerns about access to the entire length of Oxford Street. Whilst we have motorbikes and cycle responders, their availability is limited and they operate across several areas in London, not just Oxford Street. We would therefore require access for full size ambulances at all times. We have made several suggestions to Transport for London and the project planners about possible options that would support our requirements and provided them with vehicle dimensions. We would not expect any changes to Oxford Circus to lead to undue delays for our vehicles, as this could delay an emergency response and could result in complications for the casualty/casualties.

Planning also needs to strike a balance in improving health outcomes for Londoners and our ability to reach patients quickly. Whilst we support the desire to improve travel in the capital we always support direct, unhindered access to all of London's roads to ensure we can provide the best possible care to patients. Furthermore, whilst we are in principle in favour of schemes that reduce the potential for accidents and the severity of injuries we are a fully mobile organisation. Travelling at reduced speeds across significant areas is likely to increase travel times, which can reduce the availability of our crews and increase travel times to hospital or patients, subsequently having a negative effect on patient outcomes.

Planning changes also impact on us as they have the potential to rapidly increase the number of people living within a small area. Large population increases through the development of flats can create additional demand on the service and we would need to manage our resources to ensure we can meet these needs, particularly where they focus on specific demographics, such as the creation of retirement homes. New developments also need to take account of access requirements, both in reaching patients in their homes and extricating them, as well as ease of access to the property. This is particularly important when accessing high rise buildings, where the time taken to reach patients in upper floors can increase response times. We would welcome conversations about how planning can mitigate the risks, such as the introduction of public access defibrillators in tall buildings or areas where emergency service access is restricted. We work with groups and businesses across London to encourage them to install defibrillators, particularly in areas where we know access is challenging; however this is not a requirement and as a result is not adopted by all buildings. We know that having access to a defibrillator saves lives, where a public access defibrillator is used a cardiac patient is five times more likely to survive.

Page: [Policy D10 Safety, security and resilience to emergency](#)

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We work closely with emergency services and others across London to test our resilience. We have obviously been tested over the past year on our response to major incidents and have worked effectively with our colleagues. We have clear systems and plans in place, including the use of a specialist operations centre, which is equipped to manage significant and major incidents. Managing the incident within the specialist operations centre enables us to minimise the impact on the rest of London.

We're fully engaged with The London Emergency Services Liaison Panel (LESLP), which brings together representatives from services across London to provide a framework for working together as effectively as possible in a major incident.

We have specialist teams trained to respond in the event of a major incident. These teams are trained in giving medical care in hazardous areas, such as at height, in water, in confined spaces or where there may be hazardous materials. We also have staff trained in responding to chemical, biological, radiological or nuclear attacks and staff trained to respond in hostile environments, such as fire arms incidents.

Page: [Chapter 4 Housing](#)

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As highlighted by the London Plan the cost of living in London is high and can be a restriction when recruiting and retaining staff. We are keen to support any recommendations that would improve things for our staff, particularly for our frontline staff who play a key role in our service and our ability to provide care across London. It could also help us in recruiting and retaining staff, where the cost of living in London can be a challenge for staff, particularly as shift work makes travelling long distances challenging.

We are also in direct competition with other London trusts and bordering ambulance trusts to fill nursing and paramedic vacancies. We are also in direct competition for emergency operations staff to take 999 calls and dispatch ambulance with other emergency services in London, who are able to pay more. We cannot pay our call handlers more than the NHS pay scale allows.

In the London Chamber of Commerce and Industry report *Living on the Edge: Housing London's Blue Light Emergency Services* there were a number of recommendations for supporting frontline staff in London's emergency services to live in London. This recognised the importance of having staff within London for resilience, as well as reducing the risk to staff who may have long distances to travel at the end of a long shift. Where the Mayor has previously made comments on improving the affordability of homes for NHS and emergency service workers we would welcome further commitment to this within the London plan and how the Mayor's ambition to use NHS land for homes for NHS workers will be realised.

Page: [Policy S2 Health and social care facilities](#)

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We are currently developing our strategy for the next five years. This strategy will identify how the London Ambulance Service can evolve its role within the Integrated Urgent & Emergency Care sector, working with each of the five London Sustainability & Transformation Partnerships (STPs) to provide the most appropriate response to people living and working in London.

One of the key elements of our new strategy is the development of 'Pioneer Services' where we believe we can change the way that we respond to specific patient groups to provide better patient outcomes, as well as avoiding unnecessary hospital admissions. These pioneer services are falls, maternity, mental health and end of life care.

As part of these pioneer services, we want to expand the number of healthcare professionals working in our Clinical Hub as well as responding directly to patients. We know that some patients will receive a better service if we can send a response with specific specialist skills, such as a registered mental health professional responding to a patient in mental health crisis. Based on detailed modelling, which we are currently developing, we also think that responding in this way will make us more efficient and avoid unnecessary admissions to Emergency Departments.

We already have a consultant midwife working for us and staff have found this guidance and training invaluable. We also have mental health nurses working for us, they provide advice to staff, as well as supporting patients through our clinical hub and looking for alternative care pathways that suit the patients' needs. We have done a considerable amount of work on end of life care, improving the training for staff, as well as implementing coordinate my care. We have already seen huge benefits from bringing these other healthcare professionals into our service and look to expand on these successes as part of our new strategy.

Urgent care APPs

The National Institute for Health and Care Excellence recently published draft guidelines on Paramedics with enhanced competencies. In the consultation they state that the development of paramedics with enhanced education that enables them to autonomously treat and discharge patients has the potential to reduce unnecessary hospital attendance, improve ambulance availability for higher acuity calls and deliver an improved service to patients.

We developed a role within London Ambulance Service for urgent care advanced paramedic practitioners (APP) who have additional training and skills aimed at treating more people at home and reducing hospital admissions. We now have 16 urgent care APPs working out of three sites in London. They attend all categories of calls and we have an APP in our emergency operations centre who identifies suitable incidents for them to attend. Data from Feb to March 2017 shows that 63% of patients treated were not taken to hospital. We're continuing to monitor this work and build on it through our strategy.

Our service planning and modelling is looking at the benefits and costs of these new services for our organisation, but also for the whole sector. We have demand pressures which our new strategy needs to address, but we also want to play our part in addressing the challenges the sector faces and reducing avoidable conveyances to hospital (where clinically appropriate) is one of the best ways we can do this. We are also acutely aware of the need to develop any services in conjunction with STPs and other providers. For instance, we will look to work hand in hand with Mental Health Trusts and Maternity Units when developing the relevant Pioneer Services to make sure that there is an overall system benefit and patient experience improvement

Our approach to the development of these services will include training staff to increase the base level of knowledge across our entire workforce as well as bringing in specialists in those fields, whether in our clinical hub and/or out on the road. Our staff have told us that they are very keen to work alongside other healthcare professionals so that they can learn from their expertise.

The other major part of our new strategy is our ambition to become a single point of access and triage to the urgent and emergency care sector, bringing together the 111 and 999 services across London. This includes a number of strands of thinking including expanding the ways by which members of the public can get in touch with us, particularly utilising video calls, web chats and other technology. One of the main advances that this single point of access would bring would be a single 'Clinical Assessment Service' across both 111 and 999, with a significant number of additional specialisms that would be able to provide telephone advice to patients. This is only in the early stages of thinking but could include frailty/falls specialists, registered mental health nurses, midwives, paediatric nurses, pharmacists, bariatric nurses and others.

In order to deliver our strategy effectively we recognise that we will need to make wider changes to our estates and information management and technology (IM&T). We are seeking to consolidate our estate, co-locating make-ready vehicle preparation hubs to support faster, consistent vehicle turnaround. We also want to provide better facilities for our staff and reduce our carbon footprint. We are also looking at how we transform our information management and technology (IM&T) Assessing and redeveloping our estate is a substantial project and we are currently scoping this work. The way we work is evolving; we are a fully mobile organisation and require different solutions and infrastructure to support us. We are working with the GLA and wider NHS through membership of the London Estates Board. As we develop our estates plans we would welcome support in ensuring that local planning prioritises provision for emergency service operations.

We are also working with the Metropolitan Police Service (MPS) and London Fire Brigade (LFB) to explore a number of collaboration opportunities, including shared estates.

The introduction of the Policing and Crime Bill (April 2017) mandates that all three emergency services have a statutory duty to collaborate and where there possible ensure that services operate in the most efficient and effective manner

As part of the London Blue light collaboration programme a bid was submitted to the home office Police Transformation Fund (PTF) to scope the possibility of a single call handling system and centralised control room for London's emergency services. This bid was a joint initiative by all three emergency services and we were successful in securing £1.9 million in the first instance to scope the merits of a single control room for London. This funding is purely for the scoping of the project but it will explore whether having a shared control room(s) for ambulance, police and fire would be beneficial for London.

We are also looking more broadly at how we could use estates more effectively between services and already share space with the London Fire Brigade.

Transforming the way we use IM&T is essential in enabling us to better assess and treat patients, as well as allowing patients to access our services in a variety of ways. By expanding the ways that patients can interact with us through technology we will be able to provide a more accessible service. It would also support our staff to do their jobs, providing them with technology to support clinical decision-making, link them to other clinicians and ensure that they have mobile access to connect them to wider service developments. We recently rolled-out iPads to frontline staff. The iPads come with three bespoke apps – JRCALC (clinical practise guidelines), MiDoS (a directory of services which will enable staff to easily contact GPs and other healthcare partners) and Co-ordinate My Care, which will mean staff can access patients' urgent care plans directly and in real time, instead of going through the Control Room.

We plan to publish our strategy in Spring 2018.

NHS England and NHS Improvement recently published their refreshed plan for 2018/19. Within the deliverables for 2018/19 ambulance trusts are expected to deliver a safe reduction in ambulance conveyance to emergency departments. This is something we are already working on through the introduction of Urgent Care Advanced Paramedic Practitioners and alternative care pathways.

In North West London we have introduced two alternative care pathways that operate across the sustainability and transformation area. The prevention of admissions pathway and mental health pathway help our staff ensure that patients are taken to the most appropriate place, which is not always A&E.

Prevention of admissions pathway

In North West London we are working with the North West London Collaboration of Clinical Commissioning Groups to make sure that patients who can be treated at home don't make an unnecessary trip to A&E. Our staff have received training about how rapid response and community support services can help patients to stay well at home. Staff can now refer directly to rapid response teams in the area who, depending on the patients' clinical need, may visit multiple times. Rapid response teams have been operating in North West London for several years and this partnership helps ensure that more eligible patients are supported by these teams. Rapid response teams include nurses, occupational therapists, physiotherapists and health care assistants. From April 2017 to date, more than 1000 patients have been referred by us to rapid response teams. As a result, this releases our staff quicker and helps patients avoid unnecessary trips to A&E. We are currently analysing referral data to identify how many patients avoided admission to A&E during this period.

Page: [Policy HC6 Supporting the night-time economy](#)

Section: [N/A](#)

We welcome proposals in the London Plan to diversify the range of night-time activities, particularly plans to focus on activities that do not involve alcohol consumption. Alcohol misuse in London creates additional demand for our services and diverts resources from other patients. It can also impact on our staff, affecting morale and can be linked to assaults on staff. Alcohol related calls are often categorised highly due to the associated level of consciousness, this subsequently triggers a short response time and by tying up resource impacts on our ability to attend lower priority but clinically vulnerable patients.

In a survey we conducted with staff last year almost two thirds of medics who responded to the questionnaire reported treating someone under the influence of alcohol at least once every 12-hour shift. Over 95 per cent of those surveyed (269 staff members) claimed to have been verbally abused by a drunk patient, at least once whilst on duty. This not only impacts on our staff's ability to do their job but can also impact on our ability to retain staff.

We proactively encourage people to drink responsibly throughout the year, particularly during key events, such as Notting Hill Carnival and New Year's Eve. We have run several alcohol campaigns, working in the past with the GLA to encourage people to Eat, Drink and Be Safe. We have found that encouraging people to drink responsibly is not as effective as highlighting the consequences of drinking too much, particularly the impact on other patients at a time when there is high demand on NHS services.

Westminster is the busiest borough for alcohol related calls and we are working with Westminster Council on their Nightsafe Project. The Nightsafe project includes a Hub, which would enable vulnerable people to go to a place where they can recover and receive assistance in getting home. It also includes ambassadors who will assist visitors and support people who are vulnerable due to intoxication. We are working with Westminster Council to look at how we can support the project.

Page: [Policy SI1 Improving air quality](#)

Section: [N/A](#)

We welcome any measures that would improve the health of Londoners. As a mobile service our use of vehicles is crucial to the service we deliver. However, we recognise that we can contribute more to improvements in London's air quality. We have been working on greening our fleet in order to reduce our environmental impact and meet the Ultra-Low Emissions Zone target. We are investing heavily in replacing our fleet with new 'greener' ambulances and cars. We have been working closely with the GLA and Transport for London on plans to green our fleet and have a memorandum of understanding that outlines how we will comply with the ultra-low emissions zone target.

We have trialled a state-of-the-art zero emissions vehicle and have been scoping the possibility of adding more to our fleet in a number of operational areas. This has been presented to our leadership team so that we can prioritise which areas of the operation will have maximum impact in terms of emissions and air quality. Any changes to our fleet would require charging infrastructure and we would welcome improvements to London's electric charging infrastructure to aid our plans to use zero emissions vehicles.

Page: [Policy T6 Car parking](#)

Section: N/A

As a fully mobile organisation that attends patients in a wide range of situations, accessible streets and car parking are essential to maintain our ability to reach patients quickly. Car free areas and areas without any parking still need to account for emergency vehicle access and our ability to be able to stop as closely as possible to where patients require treatment.