

**Responses to the call for evidence for the London  
Assembly Health Committee's investigation into the  
London Ambulance Service**



**Patients' Forum for the London  
Ambulance Services**

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**COVER NOTE:**

**Health Committee Call for Evidence Regarding the Performance of  
the London Ambulance Service**

**Submission to [scrutiny@london.gov.uk](mailto:scrutiny@london.gov.uk)**

**Wednesday 11 January 2023**

**London Assembly Officer:**

## **Martha Clarke, Stakeholder and Events Officer for the London Assembly.**

Dear Health Committee, thank you so much for inviting the Patients' Forum to participate in your scrutiny of the London Ambulance Service. We would be very happy to engage with members of the Health Committee and officers to achieve our shared goals of achieving significant improvement in the quality and effectiveness of the LAS and to deal with the very disturbing and distressing performance issues caused by delays in response and handover.

We attach five documents for your review. This cover note is **document A** and the others are:

- 1) Our submission to your scrutiny of the LAS (**document B**).
- 2) Briefing sent to the Mayor, to show of how the Forum was able to successfully use LAS data before the LAS prevented access to their data sets (**doc C**).
- 3) Last LAS data pack we were able to obtain showing performance for September 2021 (**document D**).
- 4) Our briefing to the Health Committee from March 2020, showing the dynamic relationship between the Patients' Forum and the LAS which enable the Forum the carry out detailed monitoring of the LAS (**document E**).

Healthwatch and the Patients' Forum wrote to the London Assembly Health Committee in 2022 making the points we list below concerning the removal of critical performance data from the public arena. The situation regarding the failure of the LAS to engage with Healthwatch and the Patient's Forum as independent bodies monitoring the LAS remains the same in relation to the access to critical data.

Our submission to you is shown below, and as the Health Committee took no meaningful steps to investigate and respond to previous submission, we now resubmit for your Scrutiny of the LAS. We also attach the last full data set that we received from the LAS which was for September 2021, and an example of the quality data sets that we were able to submit to the Mayor and his team entitled 'Ambulance Queuing'.

We also attach our LONDON ASSEMBLY BRIEFING sent to the Health Committee in March 2020 regarding the London Ambulance Service's refusal to work with the Patients' Forum for the LAS, because they objected to our close and very successful monitoring of their services on behalf of patients and the public who use the LAS. The attached report shows in detail the very successful monitoring and scrutiny of the LAS carried out by the Forum which we are now barred from carrying out:

**"I am writing to you to raise a matter of concern about the London Ambulance Service. We have been trying for several months to obtain information from them about the performance of the LAS, which they have refused to provide. We have received this information for a number of years, but the last full data set we have been able to get from the Commissioners of the LAS (North West London CCG) is from September 2121.**

Both the LAS and their Commissioners are refusing to share with us the data pack which is sent to all London CCGs on a monthly basis. Thus, we do not have the full data set for October, November and December 2021 and January 2022 to January 2023.

We believe that the data is being refused because it paints a very concerning picture of the performance of the LAS. The LAS do publish data in their Board papers, but this excludes data that demonstrates poor performance by the LAS.

It is also several months old and very difficult to read. The missing data is as follows (September 2021 data set attached)

- 1) Performance by each London CCG area and locality - therefore we cannot compare C1 mean breaches or C2, C3 or C4 breaches by locality or by CCG/borough/area across London.

2) The hospital conveyance lost hours report published by the LAS is missing the following data:

- Handovers exceeding 15 minutes - LAS contractual breaches
- Arrival to handover: % over 15 minutes and the overrun per 15-minute breach
- Total time lost over 15 minutes (in hours)
- Handovers exceeding 60 mins

Over the year we have repeatedly asked both the LAS and the Commissioners for this data, but both have refused to provide their monthly data pack and the Commissioners have told us that they have been told by the LAS not to provide this data set. They told us to get the data from the NHSE, but the data listed above is not on the NHSE website.

Healthwatch does not need to use the FOI to collect data, because Healthwatch should have reasonable access to all data we require under s224 of the Local Government and Public Involvement in Health Act, 2007 (amended by section 186 of the Health and Social Care Act 2012). "Duties of responsible persons to respond to Local Healthwatch organisations or contractors".

We regard the LAS and Commissioners to be in breach of this legislation. We also believe that the LAS and North West London Commissioners are in breach of the NHS Constitution, e.g.

1. The NHS is accountable to the public, communities and patients that it serves.

2. **The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff.**
3. **The government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose**
4. **The NHS values provide common ground for co-operation to achieve shared aspirations, at all levels of the NHS**
5. **Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS.**
6. **We put the needs of patients and communities before organisational boundaries. We speak up when things go wrong.**

**We did make an application through FOI for the data, but it took several months to arrive and was deficient of much of the data we had been receiving on a monthly basis for many years.**

**As an example of good practice, the Homerton Hospital provides us with data every day on their A&E performance and compliance with targets.**

**We believe that the London Assembly Health Committee should support the reasonable request of Healthwatch and the Patients' Forum for the LAS to receive performance data produced by the LAS and provided to ICBs across London on a monthly basis.**

**Please find attached our evidence base which has an analysis of the LAS's refusal to provide access to monthly performance data, and our case relating to the duty of the LAS to reinstate borough level monthly ambulance response programme (ARP) performance data."**

**Very best wishes**

**Malcolm Alexander  
Chair, Patient's Forum for the LAS  
Formerly Chair of Healthwatch Hackney  
07817505193**

Please find a submission to the London Assembly Health Committee Call for Evidence - London Ambulance Service from Healthwatch Kingston upon Thames.

# London Ambulance Service Strategy 2023-2028:

## Healthwatch Kingston Community Engagement

**Consultation: 17 November 2022 to 5 January 2023**

Healthwatch Kingston upon Thames were invited by the London Ambulance Service NHS Trust as part of a pan-London consultation to inform a refreshed London Ambulance Service strategy for the next five years.

Our report to LAS is currently being finalised but we are happy to provide the following summary and overview of findings from our community engagement exercise for consideration by the Health Committee:

### Summary and overview of findings

Responses to the Healthwatch Kingston community engagement generally praised the service provided by London Ambulance Service front-line staff. Complaints and issues were often caveated with notes about how difficult things appear to be and an appreciation for the challenges the London Ambulance Service faces in delivering their services.

Unsurprisingly, people were concerned about wait times for an ambulance, but were appreciative of the barriers that paramedics face in moving from one patient to the next.

Improved communication was a recurring theme. This was a particular concern of people with a learning disability or neurodiversity who noted the importance of 111 or 999 staff asking if they have a disability or were neurodiverse so that when the London Ambulance Service turn up, they are prepared and aware of this. Of equal importance, was an identified need for London Ambulance Service to share this information with other medical professionals, e.g. if a person with a learning disability or neurodiversity is attended to at home, then London Ambulance Service (LAS) should share this information with the patient's GP and/or other care professionals as the patient may not remember to do this.

Summary of what was learned:

- People are very appreciative of the quality of service provided by front-line LAS staff, but believe emergency services are being hampered by other

- parts of the health and care system as well as the public's lack of understanding about when to use the service and when to use alternatives.
- . Feedback suggested NHS 111 are often unable to support someone who was trying to avoid using 999 or A&E departments at hospital.
  - . People wanted more education for the community on how to support themselves before emergency intervention is required.
  - . Respondents felt emergency support should be readily available, and that wait times were too long with most respondents believing this to be the result of people using emergency services when they could use their GP, pharmacy, or local voluntary/community sector organisation.

Furthermore, in response to Q1 in your call for evidence (How is LAS performing in delivering emergency care, and how can this be improved?) we submit the following excerpt from our draft report:

### How can London Ambulance Service improve emergency care?

We received several comments about how paramedics can improve the use of their time. Lots of people pointed out the issues staff have waiting at hospitals to discharge their patient to hospital teams rather than being back out in the community. Others have suggested alternative systems such as an emergency team and a non-emergency team and the suggestion of a mental health team.



*I feel that emergency care in the form of trauma is very much their responsibility, however although mental health can be an emergency (e.g. in the event of an overdose or suicidal thoughts). I feel that there should also be an emergency mental health team available 24/7. There are perhaps incidences of where paramedics are called when essentially someone requires mental health support. This should not be a lift to hospital to see an emergency mental health team.’’*

This links to other people's suggestions for more targeted services available through 111 and also better triaging in both 111 and 999. Some complaints about 111 are that too many calls end up with a referral to 999 or hospital and this was what people were trying to avoid. Further comments on 111 are provided later in this report in the 'How can London Ambulance Service improve urgent care?' section. Here are some comments shared about ambulance response times:



*Turn up promptly and not spend hours waiting in hospital car park.’’*



*Faster response times? Although understandably this isn't always possible when there simply aren't enough ambulances to meet the demands."*

People believed triaging is causing more work for ambulance staff and this could be handled by someone else.



*By focussing on emergencies rather than non-urgent treatment of chronic conditions with no acute symptoms, or urgent care focus. By signposting non-urgent issues to other services, rather than spreading thin resources and delaying responses to actual emergencies"*




*By filtering out timewasters and non-emergencies before ambulances are dispatched so they are then free to attend real emergencies. Other healthcare providers and services such as Mental Health Teams and Community Support becoming 24/7 and with better, faster access to OOH (out of hours) GPs"*

We received several comments pointing to issues with other parts of health and social care impacting on the work LAS is able to do. Healthwatch Kingston notes the [recent story](#) in the press relating to a leaked email where LAS state they will only be waiting 45 minutes before discharging stable patients. This is not yet confirmed by London Ambulance Service, and we recognise the issues this might create for patients and hospitals, but understand the positives that LAS staff are not waiting around when they could be back in the community with other patients in need.


People with a learning disability or neurodiversity asked for call handlers to ask if they had a disability or were neurodiverse. Respondents felt this would remove the need for someone to explain themselves which they may not feel comfortable doing and removes a barrier to their understanding specific needs. Asking the question 'do you have a disability?' would alert the call handler to how they need to speak to someone.




*Asking the caller if they have a disability of any kind."*


 *How much training do paramedics receive in providing care for children and adults with additional needs e.g. autism, learning difficulty - particularly around communication?"*

A positive response from a person with a learning disability about their experience of London Ambulance Service said:

 *Ambulance staff easy to understand. Went to Kingston hospital. Explained (to me) all the way what was happening."*


Some other responses included:

 *It will be useful for there to be a way for Healthwatch to monitor the progress of 'The Oliver McGowan Mandatory Training'. Introduced into the Health and Care Act in 2022 seeing this training and getting feedback from targeted groups to see an improvement in the experiences of those living with a learning disability/autism."*

 *Could the red bag system in care homes be extended for everyone? The red bag is filled with what you need to bring with you (medication, glasses, dentures, etc) when you go to hospital in an emergency. Having a sticker that goes on someone's bag they take with them in an ambulance, with a space for adding someone's name so all medical staff know who the bag belongs to."*

As the following relates to the amount of funding LAS receives this will be difficult, but its very important to point out that it has been identified by those completing our survey. They feel that the issues may need funding to bring in more staff, which will help with response times and also help with the stress of current staff who have the stress of reacting to current need without the extra resource.

 *The service needs to be better resourced to improve response times''*


 *More staff in the service and across emergency departments to improve response times, and the amount of time patients have to wait to get treatment.*





*Reduce stress of staff and improve staff retention. The issues around funding and wages need to be taken seriously by those funding services''*


## **How can London Ambulance Service improve urgent care?**


The overall feedback on 111 was that it doesn't always serve its purpose. People are calling to avoid 999 or hospital but end up being signposted to either of those services. Another respondent called for more resources to help improve wait times on 111. Including repositioning staff so there are more experienced staff dealing with 111 calls or more resources to recruit and train staff to be more confident in triaging/supporting patients to avoid 999 or hospital.

 *In my experience all answers lead to being told to call ambulance or go to a & emergency where I wait for 8 plus hours only to be told I didn't need to be there.''*

 *Ensure that 111 is run by the NHS & LAS & not a private company. More clinicians answering calls to give advice by phone & better triage instead of 111 sending inappropriate patients to ED.''*

 *Increase clinicians in call centres, as was done in the recent strike where more calls were appropriately diverted or did not receive a resource.''*

 *Again we need more resources to enable people to get a response when they have a health concern. Hold times for 111 are far too long and people with serious concerns (including children and babies with possible serious illnesses) are left without consultation for too long.''*

 *I have only used LAS for emergency. However, I find the wait times to talk to someone on NHS 111 too long, and the triage questions too long and then the advice is not always that helpful. Often, because we are most likely to ring about the children, it is 'take them to hospital, but that is what we are trying to avoid doing. I am not sure why I would ring NHS 111 in the future to be honest.''*

One concern is people not knowing who to go to and when to go to them. Should you call your GP, should you call 999 or 111? This confusion can lead to clogging of systems by people who should not be there.



*There still needs to be more clarity on the role of NHS111.”*

People felt that better promotion of what 111 does and how the NHS works will put less pressure on LAS. Healthwatch Kingston’s work with Migrant Advocacy Group and Kingston Refugee Action identified issues with people coming into the country not knowing how our healthcare system works.



*Those in the group (migrant advocacy - Hong Kong) said they pay the ‘Immigration Health Surcharge’ to access NHS services but are given no information on what they are entitled to, how they access services or the different between the UK and Hong Kong”*

Again those living with a learning disability or neurodiversity wanted call handlers to ask if they had a disability to help with communication and understanding.

END of excerpt---

**We hope this submission is of use to the Health Committee.**

Best,  
Stephen

Stephen Bitti  
**Chief Executive Officer**

Please note: I usually work Tuesday to Friday.

Whilst it suits me to email now, I do not expect a response or action outside of your own working hours.

**healthwatch**  
Kingston upon Thames

## **Response to London Assembly Health Committee call for evidence on the London Ambulance Service**

North Central London Integrated Care Board

NCL look forward to building upon existing strong collaborative relationships with LAS as an integral Integrated Care System partner. As part of this journey, we will continue to work closely with LAS to explore new opportunities to develop services that are inclusive, reflect population health needs and offer best value for money, e.g.

- . Enhance partnership working to ensure that LAS remain are a firm stakeholder in the development of our integrated urgent care planning:
  - o Increase rotation of paramedics working across/shadowing different parts of health and social care services
  - o Co-production of new clinical pathways from the outset, ensuring the development and optimisation of appropriate alternative care pathways that best reflect population need
  - o Development of infrastructure to support increased 'call before convey' processes across a wider range services to reduce conveyance
  - o Greater clinical integration of NHS111 / LAS to support assessment and screening of CAT 2, 3 & 4, enabling reduced conveyance and uptake of more appropriate downstream services
- . Support the LAS recruitment and retention strategy, reflecting the service as key employer across London that is able to attract and retain high quality staff - proactively engaging with communities within NCL to ensure staffing profiles reflect population diversity
- . Support the development of an estates strategy, ensuring the service is able to effectively respond to those geographical areas of highest need whilst improving effective ambulance handover across all sites
- . Support the co-production of an LAS/ICS communication strategy setting out how residents can best access the most appropriate emergency care in the timeliest fashion
- . Support 'value for money' by ensuring most effective use of available resource, capacity and estate
- . Build a culture of consistent and robust patient/public engagement on key service developments

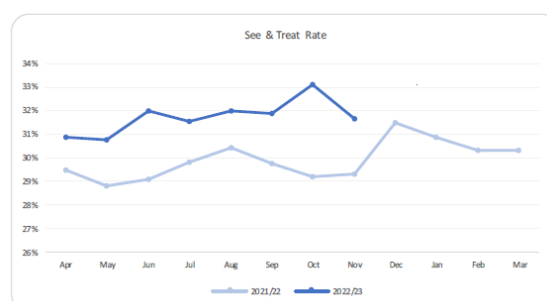
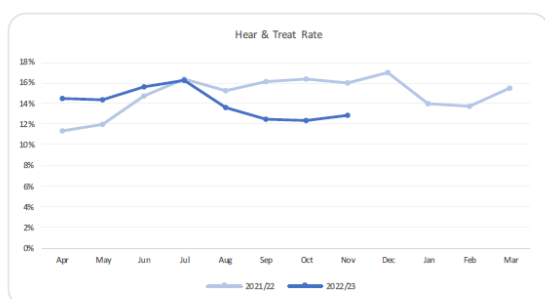
# Call for Evidence: London Ambulance Service strategy 2023-28

## South East London Integrated Care System

### 1. How is LAS performing in delivering emergency care, and how can this be improved?

LAS continues to deliver emergency care despite the difficult times we are seeing across the NHS landscape. However, LAS continues to do what they have always done, which is deploy ambulances. And they are paid for every ambulance they deploy (the highest cost in the country).

Yet, over 30% of patients that receive an ambulance are not conveyed to hospital. Which calls into question why so many ambulances are being deployed to patients across the region? Does LAS have the right skill set in their call centres to address emergency calls? Why are the numbers for 'Hear and Treat' so low? Of those patients not conveyed (See and Treat), why did the patient receive an ambulance and could this care have been delivered by a different service at a reduced cost?



Source: LAS Contractual monthly Performance Report December 2022

There also needs to be a review of the patients that are conveyed to hospital who are not admitted to understand if paramedics are conveying the most appropriate patients. As the focus has been on ambulance delays and releasing crews as fast as possible at hospitals, should there not also be an internal review on what is going to hospitals and if patients need to be there? We would expect that for emergency care to improve, LAS would need to move into the transformative space where they are reviewing their model of care to understand if it is fit for purpose or if things can be changed in how they currently deliver care to the London region.

### 2. How is LAS performing in coordinating urgent and emergency care across the system, and how can this be improved?

LAS manages the 111 services for different parts of London. It has become clear that the running of a Clinical Assessment Service (CAS) is very difficult for LAS as they historically have not been able to recruit full-time permanent staff and run the services on bank and agency which drives up the costs to the NHS. Call Handlers also do not always follow the Directory of Services, and early exit cases pushing unnecessary activity into the CAS driving up the clinical risk within the service. LCW and PPG (the other 111 providers in London) do not have this problem which begs the question of why LAS has not addressed the training issues within their services?

The 111 services run by LAS are also being used in a way to protect the 999 side of the house. Ambulance revalidations that should be done by the 111 CAS within 30 minutes are held for long periods of time in the CAS. In November, for the national key performance indicator – *proportion of callers given a Cat 3 or 4 ambulance disposition that are revalidated within 30 minutes*, LAS only revalidated 3.3% within the timeframe for our ICB. Meaning that patients that call 111 get a different response time than patients that call 999 with the same outcome. As both 111 and 999 use different triage tools, does there need to be a review to understand

what is the best triage model for both services and should the revalidation of ambulances be reviewed in both 111 and 999 to make sure there is equity of care for patients across London?

**3. How should LAS deliver on its ambition of recruiting 600 paramedics from within London?**

We would ask why LAS needs to recruit 600 paramedics, given the questions raised in Question 1 (above) and the need for LAS to review their model of care. Also demand in 2022/23 is below demand for last year. For example, in November 2022 there were 81,953 incidents which was a 9.4% decrease on November 2021. How did LAS derive the 600 figure and what is the modelling behind this? Are paramedics necessary or are other types of healthcare professionals needed to deliver the needs of London?

The other question is who is going to pay for these 600 paramedics as the cost will need to be provided by contract holders and there is no discussion with ICBs to pay for these costs at present.

**5. How should LAS best work with health and local authority partners to improve care, such as sharing data, co-producing pathways and supporting frequent callers?**

LAS needs to be more open to change and allow systems to transform the way they deliver care. LAS has a very low tolerance for any type of change due to the historical culture of the organisation and people working in the LAS.

It would be helpful for LAS to work with ICBs around their Forward View to understand the strategy of ICBs in London.

LAS has worked collaboratively with ICBs and hospital trusts in the past to address frequent callers and we hope this work continues. It could be expanded further to combine the frequent callers in the 111 service with the 999 service to identify any opportunities for change.

**8. What action would you like to see the Mayor of London take to support LAS?**

LAS are like any other London NHS provider and should get the same support as any other NHS organisation in London.

**9. Are the areas identified by LAS as emerging themes the right ones for the organisation's 2023-28 strategy, and are there any additional priorities which you think should be included?**

LAS have an Estates Strategy that they recently shared with London ICBs which includes many plans for the organisation including: the closure of ambulance stations in some parts of London, rebuilding of new stations across London and moving to a more eco-friendly fleet. It is essential that the Estates Strategy is brought together with their new strategy for the future as they cannot work in isolation.

**10. Is there anything else that the Health Committee should consider as part of its recommendations to LAS on the organisation's new strategy?**

It would be helpful to understand how LAS plans to make themselves more efficient and reduce costs to the NHS. Each year, LAS requests more funding from all ICBs in London when there are finite resources for NHS services. How are they helping to reduce waste in the system and drive a cost-effective service?