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Association of London Government

The London Ambulance Service

A report by the London Ambulance Review Advisory Committee

May 2004

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Foreword

Elizabeth Howlett AM
Chair
London Ambulance Review
Advisory Committee

The London Ambulance Review Advisory Committee is an historic joint scrutiny between the London Assembly and the Association of London Government and may pave the way for further Pan London scrutinies.

During the evidentiary hearings we have been very pleased to hear of the enormous improvements which the LAS emergency service has made. The many complimentary submissions from members of the public are a testament to the quality and commitment of the blue light service to Londoners.

Clearly the Chairman and Senior Executives of the London Ambulance Service have established an excellent staff relationship which improves the quality of life in the workplace.

We were impressed by the visit the Committee made to the Call Centre and noted the efforts that the Service is making to provide greater parity of response time across the whole of London.

We acknowledge the recent good report following the CHI Inspection of the Service and noted also in our scrutiny similar areas for improvement particularly the need for a much better Patient Transport Service, which presently is the Cinderella service of the LAS. However, we note that the LAS is reviewing this and we look forward to a more imaginative way of delivering this service to the public.

We noted the work which the LAS has done on their emergency preparedness with a fully functional control room on standby at all premises located elsewhere than the main call centre, and the work being progressed with other blue light services. The thought and sensitivity which has been taken with children and vulnerable adults is welcomed although the Committee recommends that more training should be given to staff dealing with mentally ill patients.

We would like to express our deep gratitude to all the people who gave so generously of their time to inform the Committee during the evidence sessions. We would also extend our thanks to Members of the Health Scrutiny from the Association of London Government, the London Assembly and the Scrutiny Team from the Association of London Government and the Assembly, who have all made valuable contributions to this report.

Stephen Burke
Deputy Chair
London Ambulance Review
Advisory Committee

The London Ambulance Review Advisory Committee

The London Ambulance Review Advisory Committee was established in November 2003. This is a joint Committee, set up by the London Assembly, Association of London Government and the London boroughs, to scrutinise the London Ambulance Service. In November 2003, the Assembly agreed the following membership of the London Ambulance Review Advisory Committee:

London Assembly Members

Elizabeth Howlett	Conservative
Meg Hillier	Labour
Richard Barnes	Conservative
Noel Lynch	Green
Diana Johnson	Labour
Lynne Featherstone	Liberal Democrat

Borough Councillors

Cllr. Mrs Barbara Campbell, Royal Borough of Kensington and Chelsea (Conservative)

Cllr. Gideon Fiegel, London Borough of Brent (Conservative)

Cllr. Jeremy Baker, London Borough of Lambeth (Liberal Democrat)

Cllr. Mrs Pat Twomey, London Borough of Barking and Dagenham (Labour)

Cllr Horatio Cheng, London Borough of Merton (Labour)

Cllr Stephen Burke, London Borough of Hammersmith and Fulham (Labour).

The terms of reference of the Committee are as follows:

- To examine the current performance of the London Ambulance Service in comparison with other ambulance services in the UK, and the views on London Ambulance Service performance of other key stakeholders in London such as the London Boroughs, the Association of London Government and voluntary organisations.

- To examine what progress has been achieved by the London Ambulance Service against their improvement programme.

- To examine arrangements for the public scrutiny and accountability of the London Ambulance Service.

- To examine the relationship of the London Ambulance Service with other emergency services.

- To consider the safety of paramedics and on the basis of what is learnt, discuss how to extend this work to other Accident and Emergency staff.

Table of Contents

Executive Summary

London is a city of 7.4 million people, the national capital and the centre of a major metropolitan region. The London Ambulance Service (LAS) plays a vital role in providing for the emergency health needs of both those who live in the capital and those who visit for business or pleasure. We welcome the commitment and dedication of the LAS staff. This report aims to stimulate debate and influence future developments of this important service.

Performance
The LAS has a proactive approach to service improvement and through staff engagement has become an improving NHS Trust. There is an overall improvement of getting to potentially life threatening calls, although performance varies between the boroughs. The LAS is striving to provide greater equity of performance for all parts of London, however there is scope for urgent calls (requests by GP, midwife, dentist or approved social worker to provide transport to hospital) to be improved.

Patient Transport Service
The Patient Transport Service is a major area of concern. It impacts heavily on older people, who rely on this service to transport them to hospital for out-patient appointments. Surprisingly, there are no national targets or standards for monitoring this service. The LAS have had little success in improving this aspect of service delivery and many elderly people still face delays in getting to hospital appointments. There is need for urgent and decisive action to improve Patient Transport Services.

Patients, Public and Partners
More work is needed to support people with mental health needs. The LAS and the London boroughs need to work together to develop appropriate responses for people who have obvious social care needs, but call for an ambulance even though they do not require emergency medical care. The LAS are in the process of developing their patient and public involvement strategy. This will involve working closely with the newly established Patients' Forum, in order to ensure that the concerns and opinions of ordinary Londoners are considered as part of the strategic development of the organisation.

People
Unlike other areas of the health service, the LAS does not experience recruitment and retention problems for frontline ambulance staff. Generally, staff regard the LAS as a good employer. This is mostly due to the good relations between the management, staff and the unions, however there is a need to improve the representation of women and ethnic minority communities amongst staff, senior management and at board level. The LAS should also do more to encourage people with disabilities to seek employment within the service. The LAS have employed a number of measures to increase staff safety. These initiatives have made a real improvement and have given staff the tools to accurately assess a situation and take appropriate avoidance measures.

1. Introduction

Background to the Scrutiny

1.1 The Social Care Act 2001 gave local authorities the power to scrutinise the NHS and represent local views on the development of health services within their localities. In London, whilst this power was welcomed, it was felt that a different approach would be needed in order to scrutinise regional health services such as the London Ambulance Service (LAS). In November 2003, an advisory committee was established for this purpose. This committee is comprised of elected representatives from the London Assembly and Association of London Government (ALG).

1.2 London is one of the world's global trade centres. It is a city of 7.4 million people, the national capital and the centre of a major metropolitan region. London is the UK's major destination for investment, students and workers from abroad. It ranks approximately equal with Paris as the world's most popular international tourist destination, with 13.1m tourist arrivals annually. The LAS plays a vital role in providing for the emergency health needs of both those who live in the capital and those who visit the capital for business or pleasure. The aim of the scrutiny was to take a broad overview of how the LAS is meeting the emergency and general health needs of London, including issues such as performance, staffing and the way the service operates.

The London Ambulance Service

1.3 Under the NHS Act of 1948, local authorities were placed under an obligation to provide ambulance services for people free of charge. Responsibility for ambulance services passed from local authorities to the NHS in 1974. In April 1996, the LAS became an NHS Trust. It provides the emergency ambulance service for the area covered by the London boroughs, and patient transport services for about half of the hospitals in the capital. The LAS operates in an area of approximately 620 square miles, including 31 primary care trusts, 34 acute NHS trusts (hospitals) and eight mental health trusts.[1]

1.4 The LAS operates from 70 ambulance stations across London. All calls are received in the ambulance service control room at Waterloo. The services provided by the LAS can be divided into three main areas:

- Accident and Emergency Services (A&E),
- Patient Transport Service (PTS)
- The Emergency Bed Service. (EBS)

1.5 The emergency bed service is both a London-wide and national service that the LAS took responsibility for in 1999. Where doctors are unable to locate beds for patients they contact the EBS who identify the bed for the patient, and contact central ambulance control, who then arrange to transport the patient to the hospital. Patient Transport (PTS) is the section of the LAS that deals with the non-emergency transportation of patients to and from outpatient clinics at hospitals. This service is open to competition and the LAS has to compete for this work.[2]

[1] Commission for Health Improvement Clinical Governance Review, London Ambulance Service NHS Trust March 2004

[2] Minutes of Evidence: 27th January 2004

1.6 It is the Accident and Emergency ambulance service that is often most in the public eye. The LAS deals with over one million calls a year and responds to over 800,000 emergency calls each year. Over the last ten years this demand has increased by 5% annually.[3] The LAS attends a huge variety of calls and major incidents.[4]

1.7 In total, the LAS employs approximately 4,000 people.[5] Over the past four years the LAS has seen the number of frontline staff rise from 1,900 to 2,500. Staff roles include paramedics, emergency medical technicians, and recently emergency paramedic practitioners.[6] There are also over 300 people in central ambulance control, receiving calls and dispatching ambulances. 400 people work within the patient transport service and a further 650 provide support services such as vehicle maintenance, IT, human resources and administration.[7]

1.8 The LAS travels nearly 4 million miles per year and uses a variety of vehicles to respond to emergencies.[8] Its fleet consists of 395 ambulances. Yellow is now the agreed EU colour for ambulances and the LAS has a vehicle replacement strategy that aims to replace vehicles over six years, as part of a rolling programme. The traditional white ambulance will therefore disappear over time. Although the fleet still comprises of a significant number of vehicles that are between seven and eight years old, the majority of the vehicles are less than a year old.[9] The LAS uses a range of vehicles including 250 patient transport vehicles, eight baby transfer vehicles, 67 fast response cars, 11 motorcycle response units and three bicycles for use in central London.

1.9 The LAS vision is to become a world class ambulance service for London, staffed by well trained, enthusiastic and proud people, who are all recognised for contributing to the provision of high quality patient care.[10] The service has a turnover of 170 million and is the largest free ambulance service in the world.[11] To become a world class ambulance service will require the LAS to work closely with stakeholders in a variety of ways, this includes continuing to work together internally with staff and the unions, and working externally with other stakeholders such as primary care trusts, hospitals, voluntary sector organisations, Patients' Forum, and local authorities.

[3] Minutes of Evidence: 27th January 2004
[4] Minutes of Evidence: 27th January 2004
[5] Minutes of Evidence: 2nd March 2004
[6] Minutes of Evidence: 27th January 2004
[7] Minutes of Evidence: 2nd March 2004
[8] Minutes of Evidence: 27th January 2004
[9] Commission for Health Improvement Clinical Governance Review, London Ambulance Service NHS Trust March 2004
[10] Minutes of Evidence: 2nd March 2004
[11] Minutes of Evidence: 27th January 2004

2. Performance

The Service Improvement Programme

2.1 One of the major issues considered by the scrutiny, was the progress of the LAS service improvement programme. This plan was introduced in 2000, as a radical modernisation programme, aimed at developing the LAS into a world-class service. It is the LAS response to the NHS plan and is based on extensive consultation with staff. The improvement programme consists of more than 250 initiatives under the following objectives:[12]

- Organisation development
- Bringing resources in line with demand
- Strengthening management
- Improving support for staff
- Improving staff safety
- Managing demand
- Improving clinical effectiveness
- Improving productivity and response times
- Improving staff involvement
- Implementing NHS policy
- Improving risk management
- Developing and modernising the Patient Transport Service

2.2 During the year 2002/03 the LAS gained almost £20 million in additional funding (£11.6 million in 2001/02). Although this has enabled key parts of the improvement programme to go ahead, it was less than was needed to deliver all the initiatives planned for the programme's second year.[13] 150 of the 153 items that should have been completed by the end of September 2003, have been completed (i.e. 98%). 46 projects are yet to start and 73 tasks are currently live. To date, total programme of the four year plan is 60%. The organisation has a proactive approach towards service improvement and through staff engagement and involvement has become an improving Trust.[14]

2.3 The Commission for Health Improvement (CHI) confirmed this progress and found that the LAS is providing a strongly patient centred service, recognising areas where improvement is needed, and is using its highly committed staff to improve ambulance services across London. The report highlighted the area of patient and public involvement as being an area for improvement.[15] The CHI report did not focus on the issue of patient transport, which we consider in more detail below.

[12] Written Evidence – London Ambulance Service NHS Trust
[13] London Ambulance Service Annual Report 2002/2003
[14] Written Evidence - South West London Strategic Health Authority
[15] Minutes of Evidence: 30th March 2004

Response Times – Meeting the Targets

2.4 Central ambulance control receives all 999 calls for ambulances in the Greater London area as well as requests for inter-hospital transfers sand doctors urgent admissions to hospital. The Committee visited the control centre and it was impressive to see how the centre operates Central ambulance control is clearly state of the art, and crucial to the performance of the LAS.

2.5 The targets for response times are:

- Category A: Patients triaged as seriously ill or injured (potentially life threatened). 75% to receive help within 8 minutes.

- Category B/C: All other patients.
  95% to receive help within 14 minutes.

- Urgent calls (requests by a doctor, midwife, dentist or approved social worker to provide transport to hospital for a patient).
  95% to be at the designated hospital within 15 minutes of the requested time.

2.6 **Monthly Emergency and Urgent Performance April 2002 – October 2003**[16]

	Emergency				Urgent
	% cat A in 8 mins	% cat A in 14 mins	% cat B in 14 mins	% cat B in 19 mins	% within 15 mins late
Apr-02	71%	90%	82%	91%	51%
May-02	69%	90%	81%	90%	48%
Jun-02	65%	85%	75%	85%	46%
Jul-02	65%	87%	77%	87%	47%
Aug-02	65%	86%	77%	87%	49%
Sep-02	66%	88%	78%	88%	47%
Oct-02	70%	90%	81%	90%	50%
Nov-02	76%	92%	82%	91%	47%
Dec-02	69%	87%	76%	86%	42%
Jan-03	70%	89%	79%	88%	48%
Feb-03	70%	89%	78%	88%	45%
Mar-03	72%	88%	78%	87%	47%
Apr-03	76%	91%	81%	90%	49%
May-03	78%	91%	82%	90%	49%
Jun-03	74%	89%	76%	86%	44%
Jul-03	77%	90%	79%	88%	49%
Aug-03	71%	85%	74%	84%	44%
Sep-03	75%	89%	77%	86%	45%
Oct-03	74%	88%	75%	86%	45%

Table 1

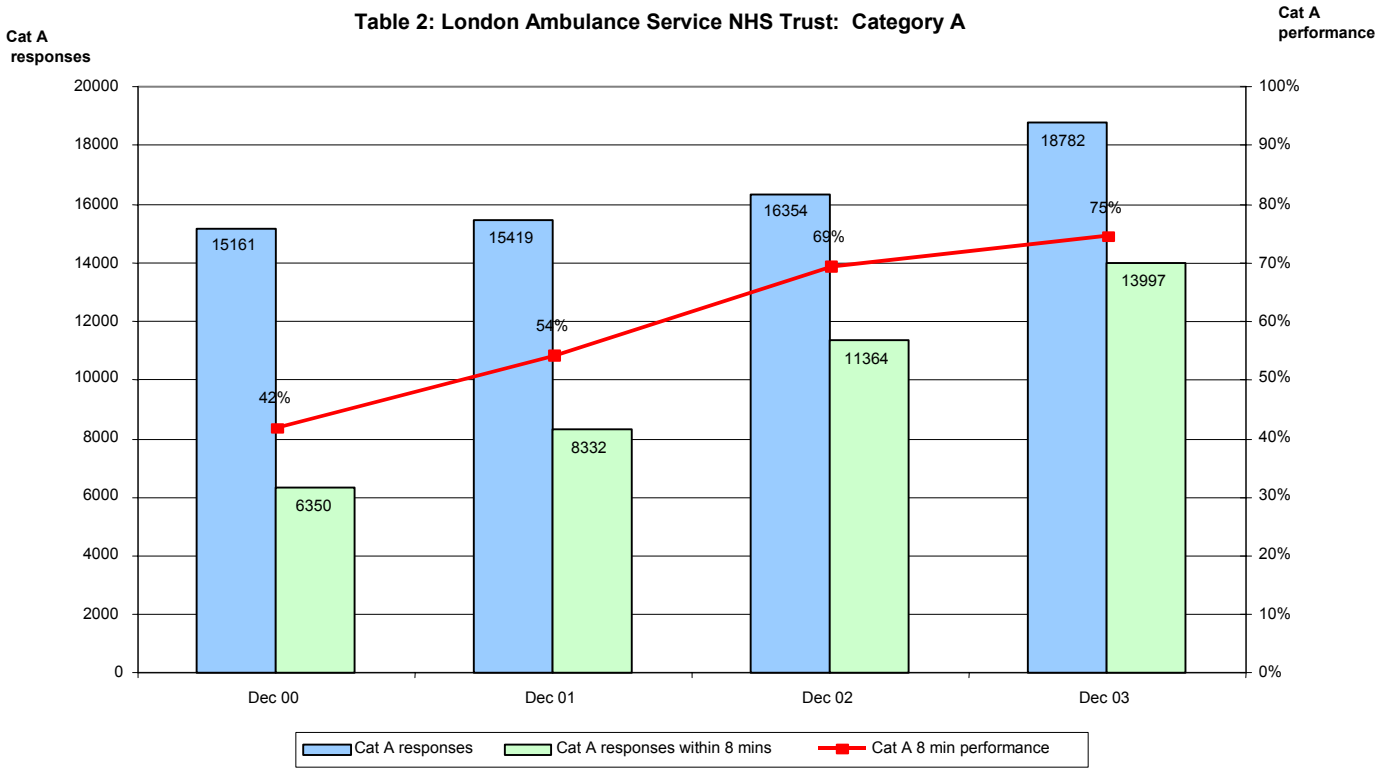
2.7 In 2002/2003 the LAS reached 69.1% of category A calls within eight minutes as opposed to 41.8% in 2000/2001, showing an improvement in response times for this category. For April to December 2003, the LAS performance for category A calls was 74.8%. Of category B and C calls 79.2% were met within 14 minutes as opposed to 78.5% in 2001/2002.[17] This shows an overall improvement of getting to category A calls, however the performance varies. Across the London boroughs there is a range of

[16] Written Evidence - London Ambulance Service NHS Trust
[17] Commission for Health Improvement Clinical Governance Review, London Ambulance Service NHS Trust March 2004

category A performance which although reducing, is larger than the LAS would desire. Differences in Category A performance by borough (Primary Care Trust area) for 2003 are shown below on Table 3.

2.8 This variation in borough (PCT) performance is largely because it is easier to meet response times in areas of high call volume such as in parts of central London. Vehicles have shorter distances to travel, less time between jobs and are therefore kept busier.[18] Areas with longer times and distances between calls, as is the case in the more rural areas of London, are more expensive to resource. The LAS report that it is difficult for them to deploy resources in a cost effective way in areas of low demand such as some of the outer London borough.[19] This means that although the overall response rate is improving, the response rates in outer London boroughs are still variable. In their written evidence the LAS confirmed that efforts are going into providing greater equity of performance for all parts of London.

Table 2: London Ambulance Service NHS Trust: Category A



20

[18] Written Evidence - London Ambulance Service NHS Trust
[19] Minutes of Evidence: 27th January 2004
[20] Written Evidence - London Ambulance Service NHS Trust

Table 3: Category A Performance by Borough (Primary Care Trust area) for 2003
Source: London Ambulance Service NHS Trust

	Jan-03	Feb-03	Mar-03	Apr-03	May-03	Jun-03	Jul-03	Aug-03	Sep-03	Oct-03	Nov-03
BRENT PCT	69%	68%	73%	77%	81%	77%	80%	73%	78%	76%	70%
EALING PCT	65%	65%	73%	74%	79%	73%	78%	70%	74%	71%	76%
HAMMERSMITH AND FULHAM PCT	81%	78%	85%	85%	83%	80%	85%	83%	83%	82%	85%
HARROW PCT	72%	77%	77%	79%	79%	83%	83%	82%	81%	82%	79%
HILLINGDON PCT	62%	62%	70%	69%	76%	69%	74%	73%	71%	74%	77%
HOUNSLOW PCT	65%	62%	61%	66%	76%	65%	71%	65%	69%	69%	66%
KENSINGTON AND CHELSEA PCT	78%	76%	73%	82%	85%	80%	83%	76%	87%	75%	84%
WESTMINSTER PCT	82%	79%	83%	88%	87%	82%	87%	80%	82%	83%	78%
BARNET PCT	59%	64%	62%	75%	75%	73%	71%	71%	72%	72%	66%
CAMDEN PCT	82%	85%	83%	90%	91%	86%	91%	85%	86%	81%	87%
ENFIELD PCT	75%	74%	77%	80%	81%	80%	77%	75%	80%	80%	79%
HARINGEY PCT	71%	76%	75%	79%	80%	81%	73%	67%	75%	78%	77%
ISLINGTON PCT	81%	74%	72%	79%	86%	83%	81%	77%	79%	75%	82%
BARKING AND DAGENHAM PCT	70%	75%	73%	73%	77%	71%	75%	69%	71%	74%	73%
CITY AND HACKNEY PCT	71%	68%	71%	72%	78%	74%	73%	62%	69%	65%	67%
HAVERING PCT	55%	64%	61%	68%	72%	71%	68%	63%	64%	65%	68%
NEWHAM PCT	69%	65%	68%	71%	75%	71%	69%	58%	66%	62%	66%
REDBRIDGE PCT	71%	71%	67%	70%	72%	69%	68%	61%	68%	68%	66%
TOWER HAMLETS PCT	77%	77%	75%	77%	76%	68%	63%	64%	69%	61%	70%
WALTHAM FOREST	70%	68%	69%	69%	71%	69%	73%	55%	65%	70%	70%
BEXLEY PCT	69%	78%	76%	74%	78%	75%	85%	77%	79%	78%	79%
BROMLEY PCT	61%	64%	68%	71%	72%	61%	70%	64%	69%	65%	65%
GREENWICH PCT	70%	71%	75%	77%	77%	75%	80%	76%	76%	77%	82%
LAMBETH PCT	64%	66%	66%	70%	73%	67%	73%	65%	75%	81%	79%
LEWISHAM PCT	71%	77%	77%	75%	78%	72%	78%	75%	79%	77%	76%
SOUTHWARK PCT	76%	76%	78%	75%	81%	73%	80%	77%	76%	80%	83%
CROYDON PCT	65%	65%	68%	75%	72%	65%	71%	61%	71%	65%	59%
KINGSTON PCT	82%	81%	79%	86%	84%	84%	88%	84%	87%	79%	82%
RICHMOND AND TWICKENHAM PCT	58%	59%	65%	68%	81%	70%	70%	70%	69%	72%	66%
SUTTON AND MERTON PCT	65%	68%	74%	78%	73%	74%	79%	76%	79%	78%	79%
WANDSWORTH PCT	68%	66%	78%	79%	82%	78%	80%	79%	83%	82%	83%
Out of London	45%	56%	57%	53%	46%	52%	48%	51%	45%	49%	49%
NW London Strategic HA	71%	70%	74%	77%	81%	76%	80%	75%	77%	76%	76%
NC London Strategic HA	73%	75%	74%	81%	82%	81%	79%	75%	78%	77%	78%
NE London Strategic HA	69%	69%	69%	72%	75%	70%	70%	61%	68%	66%	68%
SE London Strategic HA	69%	72%	73%	73%	76%	71%	77%	72%	76%	77%	78%
SW London Strategic HA	66%	67%	73%	77%	77%	73%	77%	72%	77%	74%	72%

2.9 There is a need to improve the urgent category of response. This is the poorest area of performance against target for the LAS. Effort is going into improving this performance because although the group of patients is small (around 10% of the total responded to by the accident and emergency ambulance service) they have been assessed by their GP as requiring hospital attendance and often admission.[21]

2.10 As an initial step to improve performance in this area, the small number of calls per day for which the GP requests that the patient be in hospital within an hour, are being prioritised, alongside 999 calls of medium urgency (known as amber calls). This means that an ambulance is despatched almost immediately, with a much greater chance that the target arrival time for the patient will be met.[22]

Improving Hand Over Times

2.11 Partnership is also crucial to the improvement of response times. The LAS cannot improve response times in isolation, but needs to work together with other parts of the NHS, particularly the acute services (hospitals). The time it takes for the ambulance crew to hand over a patient to hospital staff can have a major impact on the ability of ambulance crews to respond to calls. If there are queues of ambulances at accident and emergency waiting to drop patients off, this not only affects patients waiting on the ambulance, but will ultimately slow down the response to the patient who is waiting for an ambulance. Improving hand over times does not depend on the LAS alone, but includes the hospital and the way that each hospital is organised.

2.12 The LAS has been monitoring the time spent by LAS crews at hospitals since 1998. This covers the time between the ambulance arrival at hospital and the ambulance becoming available for the next job. This inevitably includes time spent after the patient has been handed over to hospital staff (the time is spent restocking the vehicle, completing paperwork, etc). Therefore the table on the next page showing average time at hospital also includes time that is not the responsibility of hospitals.

2.13 The LAS has concerns that a) there is variability between hospitals, indicating that some hospitals take clinical responsibility for ambulance patients quicker than others, and b) the overall average hand over time has increased since this measure first started being collected by a total of around 4,500 – 5,000 hours per month across London. Since each patient episode (from call to the ambulance being available again for its next job) takes around an hour, this means that, if the average time at hospital was still at around 21 minutes, then the LAS could be seeing around an extra 4,500 patients a month at no extra cost to the taxpayer. To help reduce these waiting time specific LAS managers have been allocated the task of acting as liaison with hospital departments and there are local emergency planning committees within the LAS to try to resolve some of these issues.[23]

Recommendation: 1
Hospitals must improve the steadily deteriorating hand over times of casualties and should introduce targets to monitor this.

[21] Written Evidence – London Ambulance Service NHS Trust
[22] Written Evidence – London Ambulance Service NHS Trust
[23] Minutes of Evidence: 27th January 2004

Table 4: Average turn round time by hospital in minutes: Source: London Ambulance Service NHS Trust

	Apr-98	Oct-98	Apr-99	Oct-99	Apr-00	Oct-00	Apr-01	Oct-01	Apr-02	Oct-02	Apr-03	Oct-03
Ashford	17	18	18	19	19		22	25	22	21	22	22
Barnet	19	20	21	21	22	18	24	23	25	26	26	27
Bromley	24	23	24	24	26	22	25	26	28	26		
Central Middlesex	19	19	19	19	19		23	22	23	22	22	23
Charing Cross	21	20	21	21	21	19	23	23	25	23	25	24
Chase Farm	20	20	21	21	23	22	23	25	25	25	26	27
Chelsea & Westminster	21	20	22	22	22	22	24	24	24	24	24	24
Darenth Valley							25	27	27	26	25	25
Ealing	18	18	18	18	20	23	21	22	22	23	23	24
Epsom	18	20	22	20	20		26	27	31	23	23	26
Farnborough	18	19	21	21	20	22	21	21	21	22	28	29
Greenwich	22	22	23	25	25	20	26	26	26	24	25	27
Hammersmith	19	20	20	19	19	22	21	22	23	22	23	22
Hillingdon	18	18	19	19	20	24	23	24	24	23	23	24
Homerton	22	23	24	24	24	18	26	27	26	26	25	24
King George's, Ilford	23	24	24	27	32	23	30	33	31	29	32	32
King's College	21	21	22	22	22	24	22	23	24	24	25	27
Kingston	21	21	22	22	23	22	25	27	25	24	25	27
Lewisham	22	22	23	23	24	24	24	24	25	24	26	27
Mayday	22	25	25	25	27	22	26	27	27	29	30	31
Newham	21	22	23	23	23	16	26	28	29	29	27	27
North Middlesex	19	21	23	22	23	22	24	25	26	24	27	27
Northwick Park	18	18	18	19	19	22	21	22	24	24	24	24
Oldchurch	29	28	28	34	33	19	40	40	32	34	33	33
Qu Mary's, Sidcup	23	24	24	25	25		26	25	27	26	26	27
Royal Free	19	18	20	20	20	24	22	22	23	21	22	24
Royal London	20	22	23	23	23	19	26	27	26	27	27	26
St George's, Tooting	22	22	24	23	24	27	25	26	26	27	27	27
St Helier	22	22	23	23	24	23	26	26	25	25	27	27
St Mary's, W2	20	21	22	21	21	24	22	24	24	23	22	24
St Thomas'	21	21	21	22	22	21	24	24	24	24	24	28
University College	19	19	20	21	21	21	22	24	24	22	23	26
Watford General	16	16	18	17	20	20	22	26	26	23	23	27
West Middlesex	17	18	18	19	19		22	22	23	22	23	24
Whipps Cross	21	22	24	24	25	18	27	27	28	27	28	29
Whittington	20	20	21	22	21	23	22	24	23	22	24	24
Average	21	21	22	23	23	22	25	25	25	25	26	27

Improving Patient Transport

2.14 The Patient Transport Service (PTS) is an area in need of improvement, particularly because of its impact on elderly people. The Age Concern London report 'A Helicopter Would be Nice', emphasises the impact this service has on the elderly.[24] The report highlights delays in getting to hospital, delays in returning home, missed hospital appointments, long arduous journeys, and poor customer service received from PTS across the country.[25] There is no national monitoring of PTS at all, and no national targets and standards. This means that nationally, poor PTS services are not being addressed. The LAS has 50 contracts across London and is the largest service provider for PTS in the capital. The LAS is therefore well placed to bring about service improvements for the vulnerable client groups that use this service.

2.15 The LAS informed us that although there is no London global commissioning or standard for the PTS, there is guidance issued in 1991 which suggests certain standards for, Trusts. There are three main measures. One is the percentage of patients arriving within certain time limits for their appointment, another is the percentage of patients spending a certain amount of time on the vehicle before the actual journey, the third measure is the percentage of patients waiting less than a certain time to go home after their treatment. This is just guidance and Trusts are not bound by it. Each Trust specifies its local measures in its service level agreement and these can be variable in terms of the timescales they wish to apply and the percentage of patients for each of the three measures.[26]

2.16 Although the LAS monitors the performance of the PTS and discusses performance with individual Trusts, evidence show that these measures are not resulting in improved services. South London and Maudsley Trust report that their staff have had serious problems in the past with booking the PTS and prefer to use alternative modes of transport such as taxis.[27] Age Concern state that the standards used in the 1991 guidance miss important qualitative factors such as provision for language needs and proper account being taken of the need for escorts. The Age Concern report also highlights the lack of information about PTS particularly on eligibility criteria.[28] Although the LAS informed us that they have prominent signage to make people aware that such a service exists that is not the experience of service users.[29] As well as improving the general patient experience of the PTS, more must be done to increase awareness of the service and the eligibility criteria.

2.17 For the last three or four years there have been various bodies of work on transport integration, by Help the Aged, the Audit Commission, the Social Exclusion Unit, and various other associated bodies. This work has looked at ways to try to integrate all the social transport pathways. This would mean the integration of PTS with education, social services and wider social transport. There is a project currently being undertaken with the Department of Health and The Cabinet Office to consider this issue, but the outcomes from this research are not available at present.[30]

[24] A Helicopter Would be Nice, Age Concern London, 2001
[25] Minutes of Evidence: 10th February 2004
[26] Minutes of Evidence: 30th March 2004
[27] Written Evidence - South London and Maudsley NHS Trust
[28] Minutes of Evidence: 30th March 2004
[29] Minutes of Evidence: 30th March 2004; A Helicopter Would be Nice, Age Concern London, 2001
[30] Minutes of Evidence: 30th March 2004

2.18 In the interim, there is an urgent need for the LAS to consider how their PTS might be better provided. The LAS acknowledge that the PTS needs to be improved and report that they are looking at planning methods on the technical side. This will enable the PTS to provide a more responsive service to patients when they need it, improving both the amount of time people spend on the vehicle and how quickly and accurately patients are transported to their appointments. [31]

Recommendation: 2
The Patient Transport Service at present is inadequate and not responsive to patient needs. We recommend that the London Ambulance Service should develop a programme to radically improve the service, in partnership with other relevant agencies.

Emergency Preparedness

2.19 The CHI report commended the LAS for their emergency preparedness. The LAS has a department dedicated to emergency preparedness and plans for both major emergencies and public events across London. These include royal events, the Notting Hill Carnival and unplanned protests such as May Day. A fully functional control room is kept on standby at premises elsewhere in London. In order to ready themselves for a major emergency, the LAS conduct regular training exercises. They are working in partnership with other NHS organisations, local authorities, and other blue light services as part of London Resilience. Strategies for emergency preparedness have always been in place, even before the events of 9/11. The LAS are part of the London Emergency Services Liaison Panel which was formed in 1973 to ensure that the emergency services co-ordinate their response to serious and major incidents.[32]

2.20 In the event of a major emergency the LAS may have to move patients from hospitals in order to free up vital bed space, and still provide the usual ambulance emergency response. In the light of this they have signed agreements with a number of private ambulance organisations in order to ensure sufficient cover in the event of a major emergency.[33]

2.21 The LAS has developed information and technology links with a number of partners. This include defibrillators on City of London Police vehicles and an electronic link with the Metropolitan Police Service which allows the LAS and police control rooms to communicate details of calls at which they require each others assistance directly on to dispatcher screens.[34]

[31] Minutes of Evidence: 30th March 2004
[32] LESLP Major Incident Procedure Manual
[33] Minutes of Evidence: 30th March 2004
[34] Commission for Health Improvement Clinical Governance Review, London Ambulance Service NHS Trust March 2004

Improving the Patient Experience

2.22 The LAS has done much to improve the service it provides for London. This is clearly evidenced by the continuing implementation of the service improvement plan and the outcome of the CHI inspection. The challenge facing the LAS is that of continuing to achieve and maintain high standards, whilst developing new ways of delivering emergency care and improving the patient experience.

2.23 Although response times are crucial, the ambulance service is not just a mode of conveyance for people who are ill. The degree of interventions that ambulance crews make can affect health outcomes for people and make the difference between life or death. If the LAS is to continue to improve, future targets and programmes will have to consider the patient experience and make quality judgements about the standard of care received, as is evidenced by the patient experience of the PTS. This should be done by closer involvement with the patient and the public. This a huge challenge, but is the next benchmark to aim for.

2.24 In paragraph 1.8 we highlighted the fact that the LAS have a vehicle replacement strategy. Although vehicles are being replaced, an accelerated introduction of newer vehicles will result in immediate improvements for the service.

3. Patients, Public and Partners

Responding to Diversity – Language Issues

3.1 London is an incredibly diverse city where many different languages are spoken. In emergency situations the person contacting the ambulance may not always be able to communicate in English. At the control centre, ambulance staff are able to use language line and through this system, can set up a three-way conversation with the caller and an interpreter. The LAS has also developed a multilingual phrase book for ambulance crews to use when communicating with patients or their family members who do not speak English. This phrase book has been adapted for use by other ambulance services.[35] The LAS are also aware that providing a service to meet London's diversity does not stop with these accomplishments. An Ethnic and Cultural Awareness Handbook is also available for staff.[36]

3.2 The LAS has appointed a diversity team (comprising of a Diversity Manager, two Diversity Officers and a Staff Support Adviser). The aim of the team is to assist the LAS in incorporating the needs of all marginalised groups into service delivery. The diversity team will also work with local managers in developing relationships with the communities they serve, particularly those groups who are least engaged with statutory services.[37]

3.3 The LAS recognises that there is still work to be done on improving the attitudes of a small minority of staff towards patients. A recent survey showed that patients from black and ethnic minority communities responded more negatively to questions on the respect and attitude of ambulance staff, and about being and feeling informed. Although this is a small minority of staff it is an issue that the LAS is taking seriously.[38] Professional attitudes towards all patients is vital to improving the patient experience and should be reinforced through awareness training and the performance process. Professional attitudes will benefit all patients.

Addressing Special Needs

3.4 Providing emergency ambulance services for people with special needs can be more complex than usual, because not only is there an emergency condition that needs to be addressed, but there is also an underlying health need or vulnerability. This can sometimes make the delivery of emergency care difficult, not only for the ambulance crew, but also for the patient. This is very evident for those people who may have mental ill health. Mental health services in the capital are in some respects very poor and often the LAS are involved in transporting mentally ill people in difficult circumstances.[39] Central and North West London NHS Trust report that generally ambulance staff are professional, consistent and reliable, particularly when persuading reluctant patients to be conveyed, but there are instances where ambulance crews are unwilling to engage with the patients, particularly where the patient is elderly and has mental ill health.[40]

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[35] Minutes of Evidence: 27th January 2004
[36] Written Evidence – London Ambulance Service NHS Trust
[37] Written Evidence – London Ambulance Service NHS Trust
[38] Minutes of Evidence: 30th March 2004
[39] Minutes of Evidence: 30th March 2004
[40] Written Evidence - Central and North West London Mental Health NHS Trust

3.5 The LAS recognise that the basic training provided for ambulance staff is probably insufficient for staff to fully address the challenges of providing services for mentally ill patients, and so they are providing more training that will enable staff to understand mental health better. This will help in addressing the issues that lead to the poor treatment of patients with mental ill health.[41] The LAS have in the past worked with mental health organisations to provide training for their staff and this is one way in which partnerships with voluntary sector organisations can result in direct improvement to the patient experience.

Recommendation: 3
There is a need to train ambulance staff so that they will be able to provide a more responsive service for those patients who are mentally ill.

3.6 There is a clear need for both local authorities and the LAS to work in partnership in delivering aspects of social care and the LAS is very eager to do this.[42] **The LAS has successfully implemented work on child protection and the protection of vulnerable adults and was commended by CHI for this work.** They have developed clear guidelines and operational procedures for reporting suspected cases of abuse of children or vulnerable adults. This has led to over 50 cases being reported since October 2003. It is imperative that ambulance crews report their concerns about such cases, however there is still a need to develop two-way liaison with local authorities in these matters. The LAS report that they would like to receive some form of notification of the outcome of such referrals, so that they can continue to develop staff and encourage this type of awareness amongst frontline staff. This should not compromise patient confidentiality, but should be used as a way for the LAS to work more closely with the boroughs on social care issues. There is also the need for local authorities to work with the LAS in addressing ambulance calls that are of a social care nature and not necessarily for emergency medical care.

Recommendation: 4
The London Child Protection Committee and London local authorities should establish liaison with the London Ambulance Service at local levels and develop strategies for responding to emergency social care issues that the ambulance service become involved in.

Inappropriate Usage

3.7 The issue of inappropriate ambulance usage is a well-known one. Instances of clear inappropriate usage include people calling about their broken finger nails and lost house keys. Thankfully, these calls are in the minority, but there are however some calls (approximately 40%) where an ambulance is not the appropriate response. These calls are received from people who need other forms of social care such as an emergency social worker, or elderly people who may have fallen and not suffered any injury, but need to be lifted.

[41] Minutes of Evidence: 30th March 2004
[42] Minutes of Evidence: 30th March 2004

3.8 The LAS has developed a policy called the 'No Send Policy'.[43] Under this policy the LAS can respond to calls in several ways. Calls that are life threatening or where a person is in need of emergency medical assistance will be sent an emergency vehicle. Calls that do not need an ambulance will be given a range of responses including clinical telephone advice from a paramedic. This operates in much the same way as NHS Direct. The LAS are currently quality assuring this process. They have also implemented a follow up policy, whereby every patient is followed up a few days later to ensure that they have received the appropriate form of care, and to ensure that the policy works effectively.[44] We believe that there should be further integration of this system with the out of hours GP Cooperatives and NHS Direct. This would the mean that where a caller does not need an ambulance they could automatically be referred to NHS Direct. We were informed that a pilot study looking at integration of these systems across London is under consideration by South West London Strategic Health Authority, and we look forward to receiving the outcome of this project.[45]

3.9 There is also an issue of how to respond to calls where there are clear social care issues, but no need for emergency medical care. The LAS informed us that they have piloted a range of alternative responses including the potential for ambulance crews to call district nurses into patients homes and for ambulance crews to take patients to minor injuries units. The LAS conducted a trial of alternative response vehicles in two parts of London giving local authority Care Lines an alternative number to ring for elderly people who had fallen and needed lifting. Although very popular with the Care Lines and with frontline ambulance crews, this initiative could not be made cost effective. The LAS has now developed the Emergency Care Practitioner (ECP) role and is piloting it in Wandsworth and Croydon. The ECP will respond to patients who have come through the 999 system, but whose condition has been categorised as neither immediately life threatening, nor serious. Patients will be reached by a car and assessed by the ECP who will identify the appropriate method of treatment, or will refer the patient to another agency.

3.10 This is clearly an area that London boroughs need to be involved in. The boroughs already have community alarm systems in place, but this now needs to be taken further and the LAS needs to work together with the boroughs in developing appropriate responses where the issue is one of social care. Now that the LAS have reorganised their management structure and appointed local managers, establishing partnerships with the boroughs must take priority as discussed above.

Patient and Public Involvement (PPI)

3.11 The new structures for patient and public involvement include the in-house customer care services, the Patient Advice and Liaison Services (PALS) and the independent statutory Patients' Forums. It is hoped that together with scrutiny at local levels, these measures will result in continuous improvement for patients in terms of quality and access to services. Within the LAS the PALS has been established and is responsible for providing information, advice and support to both patients and staff on issues that affect their experience of receiving and providing emergency care and patient transport services. The PALS also undertakes clinical reviews of the care provided to individual patients and contributes to service improvement by identifying emerging areas of patient concern.

[43] Minutes of Evidence: 27th March 2004

[44] Minutes of Evidence: 27th January 2004

[45] Minutes of Evidence: 27th January 2004

3.12 The LAS Patients' Forum is now established. The forum covers the entire LAS. The Chairman of the Patients' Forum said it faces difficulties because of a lack of resources[46] The scrutiny panel heard that the Patients' Forum do not have the level of support that they need.[47] The LAS have offered the Patients' Forum facilities, which they declined. The Patients' Forum regards its statutory independence as important, but wants to work closely with the LAS to achieve greater benefits for patients. It is keen to ensure that meetings are held at public places rather than relying on LAS premises. The Patients' Forum's supporting organisation CEMVO recognises this and is working with them towards securing more funding for support.[48]

3.13 Representatives from some voluntary sector organisations expressed an interest in getting involved in assisting both the LAS and the Patients' Forum. We were informed that many voluntary sector organisations such as Age Concern, have borough based groups and many boroughs have forums for older people and other interest groups. These local groups gather information from users at grass roots levels and would be well placed to feed into the work of the LAS Patients' Forum. The representative from the National Asthma Campaign expressed a willingness to work with the Patients' Forum. These offers of involvement provide a positive way forward. Recognising that the Patients' Forum is comprised of volunteers, it is also necessary for the Forum to take an incremental and focused approach to their work, so that their members are not overwhelmed with the task before them.

3.15 The LAS recognise that they need to make more progress in the area of patient and public involvement (PPI).[49] They have established a committee responsible for patient, service user, carer and public involvement, and they are also intending to develop a patient and public involvement strategy. Developing effective methods of two-way communication with patients and the public will always be a challenge for the LAS due to the nature of the service they provide, in that, unlike hospitals, they do not have a stable patient group. PPI is not just a set of methods, but should aim to increase understanding within the LAS of what patients want. This understanding can be acquired through formal mechanisms such as the Patients' Forum and PALS, and through informal methods such as local meetings and workshops with clients groups. This must be seen as an opportunity to improve the service in ways that will result in real benefits to patients. Generally for PPI to have an impact across the NHS will require a willingness to listen to the public on their terms, and produce outputs and ideas which connect to pressing public concerns. For the LAS a clear area where PPI would reap immediate benefit is the Patient Transport Service.

Recommendation: 5
The London Ambulance Service must ensure that their patient and public involvement strategy will encourage active involvement from both patients and the public, and provide real opportunities to influence the future development of the organisation.

[46] Minutes of Evidence 10th February 2004
[47] Minutes of Evidence 10th February 2004
[48] Minutes of Evidence 10th February 2004
[49] Minutes of Evidence 30th March 2004

Recommendation: 6
The Department of Health and the Commission for Patient and Public Involvement in Health should ensure that the work of the Patients' Forum for the LAS is supported with adequate financial and other resources, which are commensurate with the Forum's London wide remit, and which enable it to discharge effectively its statutory functions

4. People

Recruitment and Retention

4.1 It is widely recognised that London suffers from a lack of public sector key workers including doctors, nurses and teachers. This is due to a combination of problems such as access to housing, transport difficulties and the complications of working in an urban environment. Unlike other NHS organisations in the capital, the LAS does not experience recruitment and retention problems for frontline ambulance staff. High staff morale is a crucial aspect for continuous service improvement. Generally, staff regard the LAS as being a good employer. This is largely due to the fact that much has been done to improve the relationship between management, the staff and the unions. This has resulted in a partnership agreement between the unions and the LAS management. This agreement provides a focus on working together to improve the service.[50] Staff who are not in a union are able to participate in service development by volunteering to sit on the various staff improvement groups and sub-groups. This relationship has greatly assisted in turning the organisation around and contributing toward increase in staff morale and improved performance.

4.2 The committee considered the impact of congestion charging on recruitment and retention. Although they requested an exemption for their staff, Transport for London did not agree an exemption. The LAS have managed the issue of congestion charging by providing a compensatory payment in the form of an allowance. This is payable to all staff regardless of whether or not they drive. The LAS informed us that when the charge was first introduced there were requests from staff to transfer to stations outside the zone, but although the allowance does not cover the full cost of the charge it has ensured that the impact of congestion charging on the recruitment and retention of staff has been negligible.[51] The allowance of £550 for each member of staff based within the zone, costs the LAS in excess of £250,000 per annum which has to be met from existing budgets.

4.3 We questioned the LAS about the possible impact an extension of the zone might have. They informed us that again it would result in additional costs, however in the long term the LAS expect this additional payment to become part of the NHS Agenda for Change. This new initiative will provide new pay scales for health workers nationally and it is hoped that the additional payment being made due to congestion charging will be subsumed in the new pay scales.

Training and Career Development

4.4 The Committee explored the issue of staff training and career development. The LAS informed us that there are limited opportunities for ambulance staff to train with primary care trusts or acute trusts.[52] This is something that needs to be developed.

Recommendation: 7
The London Ambulance Service should provide training and development opportunities that provide a skills escalator for staff to develop their careers.

[50] Written Evidence – London Ambulance Service UNISON
[51] Minutes of Evidence 30th March 2004
[52] Minutes of Evidence 2nd March 2004

Staff Diversity

4.5 Table 5 below shows the breakdown of staff by ethnicity and gender. This shows that the LAS workforce is predominantly white male. There is a need to improve the representation of women and ethnic minority communities amongst staff, particularly among senior management and at board level. Now that the LAS has a diversity team in place the issue of recruitment and retention from amongst London's diverse communities must be addressed. Basic strategies such as advertising vacancies in local newspapers and holding career fairs at schools should be employed. Recruiting from local communities will assist the LAS to develop an understanding of ways to improve service delivery, communication, and relationships with communities at grass roots levels.

4.6 The LAS must do far more to encourage people with disabilities to seek employment within the service. Under current legislative arrangements it is a matter of personal choice for staff to declare whether they consider themselves to have a disability as defined under the Disability Discrimination Act, however staff who have currently declared a disability represent less than1% of the LAS workforce [53] The LAS have informed us that they meet the 'Two Tick' criteria and this means that any disabled applicant who is able to demonstrate that they meet the basic requirements of the post, is guaranteed an interview. There may be realistic concerns about a disability which might affect the ability of a person to carry out their job. We are not suggesting that the LAS employ people who are physically unable to do their work, however we do wish to see the LAS doing more to encourage applications from people who are disabled. One way of achieving this would be to publicise vacancies in the bulletins and magazines published by groups representing those who have disabilities.

Recommendation: 8
The London Ambulance Service should continue to take active steps to improve the representation of women, people from black and ethnic minority communities, and people who are disabled amongst all staffing levels throughout the organisation particularly among senior management and at board level.

[53] Minutes of Evidence 30th March 2004

Staff Support and Staff Safety

4.7 The LAS have employed a number of strategies to address the issue of staff safety and staff support. These include publicity campaigns, counselling, staff groups and other assistance programmes.[54] Staff have also been issued with mobile telephones to summon emergency assistance from the Metropolitan Police. The LAS has a register of risky addresses where violence has occurred in the past. If there is a call for an ambulance from such an address then police assistance will be requested. Ambulance staff are also provided with stab vests. Wearing these vests is generally discretionary, but is compulsory when attending addresses on the register.[55] These initiatives have made a real improvement in staff safety by enabling staff to accurately assess risk and take appropriate avoidance measures. The LAS have seen a 25% reduction in reported assaults on staff.[56]

4.8 The London Ambulance Review Advisory Committee has welcomed the commitment of the LAS and others to developing London's ambulance and support service. The report aims to stimulate debate and influence future developments of this important service. The LAS is vital in accidents and emergency preparedness for all those living, working and visiting the capital. The people who need to use the LAS will meet a professional world-class public service dedicated to the needs of all in a world-class city

[54] Written Evidence – London Ambulance Service
[55] Minutes of Evidence 2nd March 2004
[56] Minutes of Evidence 27th January 2004

Table 5: LAS Staffing by Ethnicity and Gender **Source: London Ambulance Service NHS Trust**

STAFF GROUP	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z	Total
Student Technician	56	2	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	**61**
Operational Trainee Technician Pre-Posting	24	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**25**
Trainee EMT	295	4	8	2	1	3	2	2	1	0	0	2	0	0	0	1	0	**321**
EMT	1126	13	36	1	1	4	7	4	4	2	1	21	4	7	1	4	0	**1236**
Paramedic	641	12	10	1	1	1	2	3	1	1	3	4	0	0	0	5	0	**685**
Team Leader Paramedic	137	3	5	2	0	2	0	1	0	0	0	1	1	1	0	1	0	**154**
CAC	216	6	9	1	0	3	4	3	2	0	0	24	2	2	0	1	0	**273**
Ancillary	11	0	1	0	1	0	0	0	0	0	0	3	0	0	0	2	0	**18**
A & C	173	2	8	1	1	1	2	11	2	2	3	24	10	2	2	4	1	**249**
Fleet	39	0	2	0	0	0	0	0	0	1	0	6	1	0	0	1	1	**51**
PTS	296	3	8	3	1	0	2	5	4	0	2	16	6	0	1	2	0	**349**
Resource Staff	40	0	0	0	0	0	0	1	0	0	1	2	0	0	0	0	0	**44**
SMP	356	7	12	3	1	1	1	5	2	0	2	13	3	2	0	7	0	**415**
Bank Staff	174	2	0	0	0	0	0	0	0	0	1	1	1	0	0	2	2	**183**
Grand Total	**3584**	**55**	**99**	**14**	**7**	**15**	**21**	**35**	**16**	**6**	**13**	**117**	**28**	**14**	**4**	**32**	**4**	**4064**
% by Ethnicity	**88.2%**	**1.4%**	**2.4%**	**0.3%**	**0.2%**	**0.4%**	**0.5%**	**0.9%**	**0.4%**	**0.1%**	**0.3%**	**2.9%**	**0.7%**	**0.3%**	**0.1%**	**0.8%**	**0.1%**	

Key to Ethnic Codes

Ethnic Code	Group	Ethnic Group
A	White	British
B	White	Irish
C	White	Any Other White Background
D	Mixed	White & Black Caribbean
E	Mixed	White & Black African
F	Mixed	White Asian
G	Mixed	Any Other Mixed Background
H	Asian or Asian British	Indian
J	Asian or Asian British	Pakistani
K	Asian or Asian British	Bangladeshi
L	Asian or Asian British	Any Other Asian Background
M	Black or Black Birtish	Caribbean
N	Black or Black Birtish	African
P	Black or Black Birtish	Any Other Black Background
R	Other Ethnic Groups	Chinese
S	Other Ethnic Groups	Any Other Ethnic Group
Z	Other Ethnic Groups	Not Stated

STAFF GROUP	Female	Male	Grand Total
Student Technician	26	35	**61**
Operational Trainee Technician Pre-Posting	15	10	**25**
Trainee EMT	132	189	**321**
EMT	426	810	**1236**
Paramedic	170	515	**685**
Team Leader Paramedic	25	129	**154**
CAC	157	116	**273**
Ancillary	3	15	**18**
A & C	173	76	**249**
Fleet	1	50	**51**
PTS	134	215	**349**
Resource Staff	21	23	**44**
SMP	113	302	**415**
Bank Staff	62	121	**183**
Grand Total	**1458**	**2606**	**4064**
% by Gender	**35.88%**	**64.12%**	

Appendix A List of Recommendations

Recommendation: 1
Hospitals must improve the steadily deteriorating hand over times of casualties and should introduce targets to monitor this.

Recommendation: 2
The Patient Transport Service at present is inadequate and not responsive to patient needs. We recommend that the London Ambulance Service should develop a programme to radically improve the service, in partnership with other relevant agencies.

Recommendation: 3
There is a need to train ambulance staff so that they will be able to provide a more responsive service for those patients who are mentally ill.

Recommendation: 4
The London Child Protection Committee and London local authorities should establish liaison with the London Ambulance Service at local levels and develop strategies for responding to emergency social care issues that the ambulance service become involved in.

Recommendation: 5
The London Ambulance Service must ensure that their patient and public involvement strategy will encourage active involvement from both patients and the public, and provide real opportunities to influence the future development of the organisation.

Recommendation: 6
The Department of Health and the Commission for Patient and Public Involvement in Health should ensure that the work of the Patients' Forum for the LAS is supported with adequate financial and other resources, which are commensurate with the Forum's London wide remit, and which enable it to discharge effectively its statutory functions.

Recommendation: 7
The London Ambulance Service should provide training and development opportunities that provide a skills escalator for staff to develop their careers.

Recommendation: 8
The London Ambulance Service should continue to take active steps to improve the representation of women, people from black and ethnic minority communities, and people who are disabled amongst all staffing levels throughout the organisation particularly among senior management and at board level.

Appendix B List of Written Submissions

Age Concern London
Ambulance Service Association
Barking and Dagenham NHS Primary Care Trust
Bromley NHS Primary Care Trust
Camden NHS Primary Care Trust
Central and North West London Mental Health Trust
Ealing Hospital NHS Trust
Epsom and StHelier NHS Trust
Guys and St Thomas Hospital NHS Trust
Havering NHS Primary Care Trust
Hillingdon Hospital NHS Trust
Kensington and Chelsea NHS Primary Care Trust
London Ambulance Service NHS Trust
London Ambulance Service Unison
London Borough of Bexley
London Fire and Emergency Planning
Metropolitan Police Service
National Asthma Campaign
Newham Healthcare NHS Trust
Queen Elizabeth Hospital NHS Trust
Redbridge NHS Primary Care Trust (on behalf of NE Sector)
Richmond and Twickenham NHS Primary Care Trust
Royal College of Physicians
South London and Maudsley NHS Trust
South West London Strategic Health Authority

Appendix C List of Hearings

27 January 2004

Peter Bradley, Chief Executive, London Ambulance Service
Sigurd Reinton, Chair, London Ambulance Service
Keith Andrews, Director of Patient Transport, London Ambulance Service
David Jervis, Director of Communications
Fionna Moore, Medical Director
Philip Selwood, Assistant Chief Ambulance Officer, Control Services
Julie Dent, Chief Executive South West Strategic Health Authority

10 February 2004

Simon Selo, Assistant Director, Policy and Service Development, National Asthma Campaign
Malcolm Alexander, Chair, London Ambulance Patients' Forum
Lena Wanford, London Ambulance Patients' Forum
Vishy Harihara, London Ambulance Patients' Forum
Pamela Moffat, Age Concern London
Sue Spiller, Head of Better Government for Older People, London Borough of Hammersmith and Fulham
Ann Rosen, Better Government for Older People, London Borough of Hammersmith and Fulham

2 March 2004

Eric Roberts, Branch Secretary Unison
Wendy Foers, Director of Human Resources and Organisation Development, London Ambulance Service
Tony Crabtree, Human Resources Manager, London Ambulance Service
Alison Devlin, Diversity Manager, London Ambulance Service
Richard Absalom, Staff safety Officer, London Ambulance Service

30 March 2004

Peter Bradley, Chief Executive, London Ambulance Service
Sigurd Reinton, Chair, London Ambulance Service
Keith Andrews, Director of Patient Transport, London Ambulance Service
David Jervis, Director of Communications, London Ambulance Service
Kathy Jones, Head of A&E Development, London Ambulance Service
Philip Selwood, Assistant Chief Ambulance Officer, Control Services
Elizabeth Manero, Chair, Health Link

Appendix D Orders and Translations

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