

LONDON ASSEMBLY

Supporting London's ambulance service



Health Committee

December 2018

Holding the Mayor to
account and
investigating issues
that matter to
Londoners

LONDONASSEMBLY

Health Committee Members



The Health Committee reviews health and wellbeing across London, with a particular focus on public health issues and reviewing progress of the Mayor's Health Inequalities Strategy.

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Dr Onkar Sahota AM

Chair of the Health Committee



The flashing blue lights of London’s ambulance service bring hope to us in the darkest of times. Every child is taught that in an emergency, a 999 call will bring help. It’s a lesson that stays with us through life.

In recent years, we have had regular reminders that members of the London Ambulance Service (LAS), like those in our other emergency services, run towards danger when there is a large-scale incident or disaster. As a practicing GP myself, I am always astounded by the dedication, care and skill taken by LAS staff when carrying out their duties – from paramedics to call room operators.

In writing this report, the London Assembly Health Committee has been keenly aware of the place that the Ambulance Service holds in the lives and imaginations of Londoners. It is right on the front line looking after people, and so is among the most visible parts of our National Health Service. While this gives the LAS a strong relationship with all communities in our capital, it also means the service is exposed to the pressures and problems that affect the NHS and London more widely.

This direct connection makes it all the more important that the LAS is a central part of the Mayor of London’s plan for a healthier and more equal city. As the LAS develops a city-wide approach to give people the right treatment in the right place, other parts of the NHS will need to align. This presents a real opportunity for the LAS and the Mayor to work collaboratively to improve care standards within communities across London.

As London experiences increasing inequality, overstretched public services, and an ever-burgeoning population, these pressures are also passed onto the LAS in its day-to-day work. This can be seen, most starkly, with ambulances queuing out of A&E departments due to rising demand, insufficient investment and overwhelmed social care services grinding to a halt.

Despite the brilliant work being done by the NHS and other public service workers, there is no escaping the impact of nearly nine years of austerity on their operating conditions. As the Mayor’s ‘health in all policies’ approach

underlines, everything from housing and education to work, influences the wellbeing of Londoners. This is why carving out a more significant role for the LAS in informing the Mayor's work on urban planning and policies will benefit everyone.

The LAS has great expertise in immediate and urgent care, and it is right that the service makes the most of this by treating more people on site and taking a wider role in the community. However, in order to maintain the trust of Londoners in this process, the service's leaders will need to work closely with the Mayor to engage with residents in every borough.

We know that pressures on primary care are leading some people to call an ambulance sooner than they perhaps need to. However, it is important that we do not blame patients for acting upon any sensible and urgent health concerns that they might have. Fundamentally, in the interests of avoiding unnecessary hospital admissions, LAS leaders and the Mayor have a strategic role in working with councils and the NHS to secure accessible and safe care for Londoners which is closer to home.

I hope this report will be the start of a closer partnership between the Greater London Authority and the London Ambulance Service, although I recognise that alone, they will not be able to fix the longstanding problems presented by underfunding and the lack of strategic health leadership in London. However, going forward, I am confident that we can help the LAS evolve and strengthen its relationship with other parts of the health system, and, crucially, Londoners themselves.

The committee thanks everyone who took part in this investigation.

Summary

Current and future challenges

The London Ambulance Service (LAS) is the busiest ambulance service in the country. In 2017/18, it handled over 1.9 million emergency calls from across London and attended more than 1.2 million incidents.

The LAS is a unique and indispensable part of London's health and care system. Londoners have a high degree of confidence in the LAS, but do not always fully understand its role and how best to use it. There are some persistent public misconceptions about what happens if you call 999 for an ambulance and when it is appropriate to do so. Alternative options, such as NHS 111, do not yet seem fully embedded in public consciousness. And the LAS acts as both a barometer and a back-stop for wider pressures across the health and care system. Significant proportions of Londoners, especially younger Londoners, would call 999 for an ambulance – even if they knew it wasn't an emergency – because they couldn't get an urgent GP appointment, or simply because they didn't know what else to do. The knock-on effects of delays handing over patients at A&E departments, difficulties accessing primary care, community and, particularly, mental health services, all contribute to pressures on London's ambulance service.

Volume of demand is the key challenge currently facing the LAS, and this will continue to grow. To meet current and future demand, and improve patient experiences, the LAS is looking at new ways of delivering care and reducing the number of people they take to hospital for treatment. The LAS must ensure that the public fully understands what changes are being made to its services, and why, if it is to retain the widespread public trust it currently enjoys.

The wider urban context in which the LAS operates also brings distinct pressures on ambulance services. The design of the built environment and how transport services interact with road users are two critical areas in which better consideration of the needs of the LAS are crucial. Beyond this, the cultural life of the capital, including the night-time economy and large scale cultural or sporting events, will all affect LAS operations. In particular, more

needs to be done to limit the impact of alcohol-related callouts on the ambulance service.

The London Ambulance Service's greatest asset is its highly trained and dedicated workforce. But the LAS continues to experience some difficulty in recruiting, and – crucially – retaining, a workforce that is resilient to pressure and reflects the diversity of the communities it serves.

Supporting an ambulance service for all Londoners

The Mayor has no direct powers over how the healthcare system works in London, although he can seek to influence and persuade both as Mayor and Chair of the London Health Board. However, through greater consideration of the needs of the ambulance service in a wider 'health in all policies' approach, the Mayor is well placed to help create an urban environment which supports effective ambulance service operations. Greater partnership working between the Mayor and the LAS could realise mutual benefits, helping both organisations to deliver their goals.

The LAS is developing 'pioneer' services to provide a more tailored response to particular situations that result in high-frequency use of ambulance services. There are some clear areas of overlap between the emerging LAS pioneer service areas and the key areas of focus for the Health Inequalities Strategy (HIS). Using the HIS to galvanise action on these key issues across London's health and care partners could help to manage demand on the LAS by ensuring that alternative care pathways are available locally.

Boosting the workforce

The Mayor can support the LAS to develop a sustainable, resilient and diverse workforce. The Mayor has set out his vision for London to be a city where "Londoners, employers and businesses get the skills they need to succeed in a fair, inclusive society and thriving economy". There are currently over 800,000 unemployed BAME Londoners. This is a huge untapped source of recruitment for the LAS, with the potential not only to boost the workforce in absolute terms but also to significantly increase its diversity.

The new LAS strategy sets an ambitious goal for increasing volunteering and aims to recruit one per cent of the London population to become Life Changers – around 100,000 new volunteers. The Mayor has emphasised the importance of volunteering in his social integration and health inequalities strategies, both as an enhancement to wellbeing of individuals and as a way of promoting community cohesion. Team London, the Mayor’s volunteering programme, could provide valuable insight and expertise on how to attract volunteers to the LAS.

To make sure there is a consistent approach to workforce diversity and inclusion across the GLA Group, the Mayor has developed a set of common practices and standards called the Diversity and Inclusion Action Standard. Given that it has struggled to increase the diversity of its staff despite previous efforts, the LAS should voluntarily adopt the Diversity and Inclusion Standard.

The wider urban environment

The Mayor is currently consulting on a revised London Plan, the spatial development strategy which sets out the framework for planning and development across the capital. The final London Plan should more explicitly recognise the needs of the LAS when it comes to new developments, so that potential increases in demand for their services can be anticipated and planned for where possible. The Mayor should consider the impact of new development on the LAS when he considers major planning applications that are referred to him. This is particularly important where the application includes developments such as residential care homes, which are likely to have higher demand for ambulance services.

Both the LAS and patient representatives were enthusiastic about the potential for data and new technology to improve patient experiences and the efficiency of the ambulance service, for example, by linking up patient health and social care records in a more integrated way to help the LAS make the most appropriate decisions on treatment options, and to help navigate traffic more intelligently to improve dispatch. A wider discussion with Londoners about the potential of data and technology to improve healthcare is timely. Given the high visibility that the LAS has with Londoners, and the clear regard in which the service is held, framing the conversation around the potential to

support the ambulance service may help to make this subject more accessible to Londoners.

Strengthening partnership working with the LAS

Giving Londoners a greater stake and role in how their ambulance service operates will be critical to ensuring its future success and in designing services that meet public need and continue to inspire public confidence. There needs to be a stronger public voice in LAS decision-making, and a stronger voice for the LAS in discussions about the transformation of health and care across the capital. We recognise the need for the LAS to remain part of the NHS and accountable to its formal regulation and governance frameworks. We are not convinced that making complex changes to the governance arrangements of the LAS, or giving the Mayor powers over how the service operates, would necessarily bring any enhanced benefits to patients.

We suspect that most Londoners are considerably less concerned about the internal governance structure of the LAS than they are in ensuring that the LAS can provide an effective and efficient service, and is supported to do so. We believe that there is ongoing value in Londoners being able to monitor how the LAS is progressing towards its aims.

We are delighted that the London Ambulance Service has recognised the benefits of an ongoing dialogue with Londoners and has agreed to give an annual update on its progress to the London Assembly Health Committee. This will provide opportunities to monitor LAS progress on those elements of its core business – such as its efforts to develop its workforce and volunteering capabilities and its engagement with Londoners. In return, the London Assembly stands ready to make the case to the Mayor for action to support the LAS to achieve the ambitions of its strategy, and to argue for the LAS to have a stronger voice in decision-making about health and care issues across London.

Effective engagement will be key to ensuring that the public ‘buys in’ to what the LAS is trying to achieve and retains confidence in the service, including its new models of care. The LAS Patient’s Forum has suggested that the LAS is too dependent on NHS established processes for complaints and feedback, which are not appropriate for the type of service offered by the ambulance service.

The LAS is currently developing a new engagement strategy. We would like to see this commit to explicit actions to engage with a diverse cross-section of London's communities, with particular regard to groups with protected characteristics and those who have traditionally been considered 'harder to reach'. We urge the LAS to pay particular regard to engagement with London's LGBT+ communities, Deaf and disabled Londoners, and homeless people, in the development of its new engagement strategy.

The LAS has a unique perspective on health and care issues in our capital, and unprecedented reach as one of the most highly visible frontline health services. The London Health Board, with its role in driving system-wide improvements in health and care across the city, should be paying far more attention to the insights that the LAS has to offer on a range of issues including health promotion, reducing health inequalities, improving access to services, and developing new models of care. Crucially, the insight of the LAS will be of benefit in the development of public policy that extends much further than the traditional health and care sphere, addressing the wider determinants of a healthy city including housing, planning, the environment and employment.

Recommendations

Aligning strategic goals

Recommendation 1

The London Health Board should encourage local commissioning bodies to develop consistent pathways across London for falls, mental health, maternity care and end of life care. The London Health Board should specifically work in partnership with the London Ambulance Service to identify gaps in existing provision and develop a unified city-wide response on these four issues.

Supporting the LAS workforce

Recommendation 2

The Mayor should engage with LAS leadership as part of the Skills for Londoners agenda. The GLA and the LAS should work in partnership to develop an access to work programme specifically designed to equip unemployed Londoners with the necessary core skills to embark on careers with the London Ambulance Service.

Recommendation 3

The Mayor should explore ways to develop a formal working partnership between Team London and the LAS to support the LAS aim of recruiting 100,000 volunteers by 2023. This should include a commitment to joint promotion of volunteering opportunities with the LAS.

Recommendation 4

The London Ambulance Service should voluntarily adopt the new GLA group Diversity and Inclusion Standard, and work with GLA group partners to share best practice to encourage workforce diversity.

Recommendation 5

The Mayor should explore the feasibility and costs of developing free or subsidised travel options for LAS frontline workers while on duty.

The wider urban environment

Recommendation 6

The London Plan Policy D10 should be amended to include explicit reference to the need for boroughs to work with the London Ambulance Service to identify community safety needs and support provision of the necessary infrastructure to maintain a safe and secure environment. In his response to this report, the Mayor should set out how he intends to use his planning powers to work with the LAS to mitigate the impact of major new developments on the demand for LAS services.

Recommendation 7

The Mayor should instruct his Chief Digital Officer to explore partnership working with the LAS on the Smart Cities data programme, with particular reference to the six new data initiatives identified by the King's College DASH project. As part of this, the Mayor should set out to the committee how he will encourage a conversation with Londoners about the use of health data and analytics, using the London Ambulance Service as a case study.

Recommendation 8

The Mayor should set out to this committee what work is being undertaken by the Night Time Commission with the London Ambulance Service. The Night Time Commission should invite the LAS to attend a Commission meeting as an urgent priority, to discuss how the implementation of the Mayor's night time vision and other Commission work impacts on the London Ambulance Service. The Mayor should also give consideration as to whether the London Ambulance Service should be invited to become a permanent member of the Commission.

Strengthening partnership working

Recommendation 9

The London Ambulance Service should ensure that its new engagement strategy sets out how the organisation will engage with London's diverse communities include LGBT+ communities, BAME communities, Deaf Londoners and disabled Londoners. The LAS should report on its community engagement activities at its annual meetings with the London Assembly.

Recommendation 10

The Mayor, in his role of Chair of the London Health Board, should review membership of the Board to ensure that it reflects the increasing diversity of the health and care landscape in London, and invite LAS membership of a revised London Health Board.

Introduction

The London Assembly last carried out an in-depth review of the London Ambulance Service (LAS) in 2011.¹ While the health and care landscape in London has changed significantly since that time, many of the issues which the LAS faced then have remained or become more acute. New challenges are also emerging as the ambulance service adapts to the demands of providing responsive, high quality services to a growing and changing population. There is greater complexity in the urban environment, such as rapid new development and competition for road space, and the cost of living in London has risen, creating pressures on the LAS workforce. More broadly, mounting pressures across the health and care sector, and changes to how services are delivered, have all had an impact on how the LAS operates. The LAS acts as a barometer for the wider stresses across the system, from difficulties accessing GP and mental health services to ongoing winter pressures facing A&E departments.

The LAS is unique in London's healthcare system. **It straddles the boundary between a health service – as the only NHS trust operating across the whole city – and an emergency service**, with specific duties and requirements to collaborate with both the London Fire Brigade and the Metropolitan Police. Its unique status presents particular opportunities to play a pivotal role in shaping an integrated health and care response for London, but this comes at a price. As part of the NHS it lacks the autonomy to make decisions outside the wider NHS structures. And its governance arrangements lack some of the transparency and accountability to the public of the other emergency services, which report to the Mayor.

Londoners have a high regard for the LAS – our recent survey found that over ninety per cent of Londoners had confidence in the LAS. This is an admirable result and testifies to the hard work of an organisation that until recently was under CQC special measures.² But confidence in public services can be fragile. And the operating context for the LAS will continue to be challenging in the years ahead. The LAS has set out a bold new strategy to ensure that it is fit for the future. It is important that the LAS is supported to achieve its ambitious goals to transform its services. And it is critical that London's communities are full and engaged partners in these efforts.

Ambulances are a vital public service. This report looks at ways in which the Mayor can use his strategic leadership role to ensure that the LAS is able to provide a world class service for all Londoners. The first section looks briefly at some of the key challenges currently facing the LAS as it moves towards new models of care. The second part looks at ways in which the Mayor can use his role to help the LAS realise its strategic objectives and how, in turn, the LAS can help deliver the Mayor's Health Inequalities Strategy. The final section discusses the need for open and ongoing dialogue with Londoners and looks at ways to make the LAS more transparent and accountable to the people it serves.

1. Current and future challenges

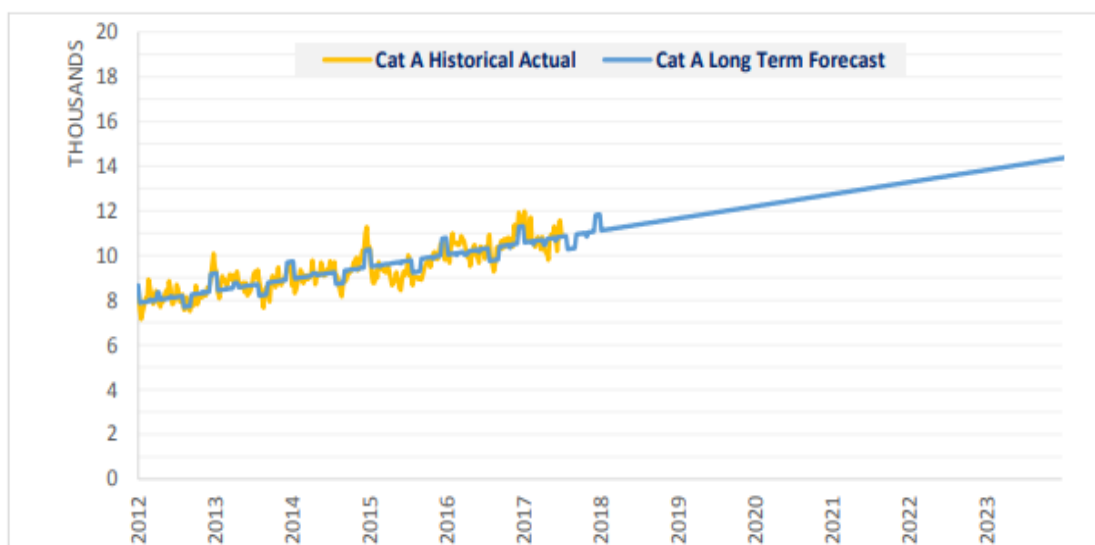
Key findings

- Volume of demand is the key challenge currently facing the London Ambulance Service (LAS) – and this demand will continue to grow.
- As the LAS seeks to develop new ways of working to tackle rising demand, it will need to ensure that the public is fully engaged with what it is trying to do and why.
- The ambulance service is both a barometer and a back-stop for wider pressures across the health and care system, including difficulty accessing primary and community care.
- The wider urban environment in which the service operates also creates unique challenges for the LAS.
- The LAS is highly dependent on its dedicated workforce, but faces ongoing challenges in recruitment and retention.

The London Ambulance Service

- 1.1 The London Ambulance Service (LAS) is the busiest ambulance service in the country. In 2017/18, it handled over 1.9 million emergency calls from across London and attended more than 1.2 million incidents. It has over 5,300 staff and over 1,100 vehicles, based at 70 ambulance stations and support offices across London.³
- 1.2 The LAS emergency and urgent care service has the following roles:
 - Call handling – taking and prioritising 999 calls.
 - 999 emergency and urgent care response.
 - Clinical telephone advice – providing advice to members of the public with less serious illnesses and injuries that don't need an immediate ambulance response.
 - Dispatching and providing paramedics for London's Air Ambulance.
 - Planning for, and responding to, large-scale events or major incidents in the capital.
 - The LAS runs the NHS 111 service for south-east London and north-east London.
- 1.3 The LAS has identified volume of demand as one of its key challenges. Over the last five years, demand for ambulances for critically ill or injured patients (category A) has increased at an average year-on-year rate of six per cent. This trend is expected to continue. LAS long-term forecasting suggests that if no action is taken to manage demand then the increase for category A incidents will increase to almost 14,000 calls a week, a 30 per cent rise from 2016/17.⁴

Demand for emergency ambulance services is forecast to continue rising



1.4 The reasons for rising patient demand are complex. Contributory factors include, but are not limited to:

- **A growing and ageing population**, which means more patients and greater complexity, increasing overall demand and lengthening treatment times.
- **Rises in complex physical and mental health conditions** that may lead to urgent/emergency responses being required, including high blood pressure and obesity (leading to stroke and cardiac problems), respiratory problems, dementia and mental ill-health.
- **Difficulties (or perceived difficulties) in accessing primary care and social care**, especially out of hours support. Well-publicised reports about long waiting times for GP appointments and walk-in centre closures may make it harder to persuade the public to only call an ambulance when appropriate.
- **Changes to the way patients access and expect to access services**. The rise of digital service models and apps means that people are seeking to access health support in different ways.
- Other unique factors that affect demand for LAS services. London is a major centre for tourism, with the seat of national government, national landmarks and a concentration of the UK's airports. It also has the **highest rate of non-residential population in the country**, with many workers commuting to or through the capital every day.

The London Ambulance Service in numbers

5,350 staff – **3,380** on the front line

460 emergency call handlers

2 emergency operations call centres

1,100 vehicles

70 ambulance stations across London

620 square mile operating area

A new strategic approach for the LAS

The LAS has recently published a new five-year strategy. The strategy is arranged around three themes:

- Comprehensive urgent and emergency care coordination, access, triage and treatment, with multichannel access for patients.
- A world class urgent and emergency response with enhanced treatment at scene and, for critically ill patients, faster conveyance to hospital.
- Collaboration with the NHS, emergency services and London system partners to provide more consistent, effective and equitable services to Londoners.

The new strategy aims to:

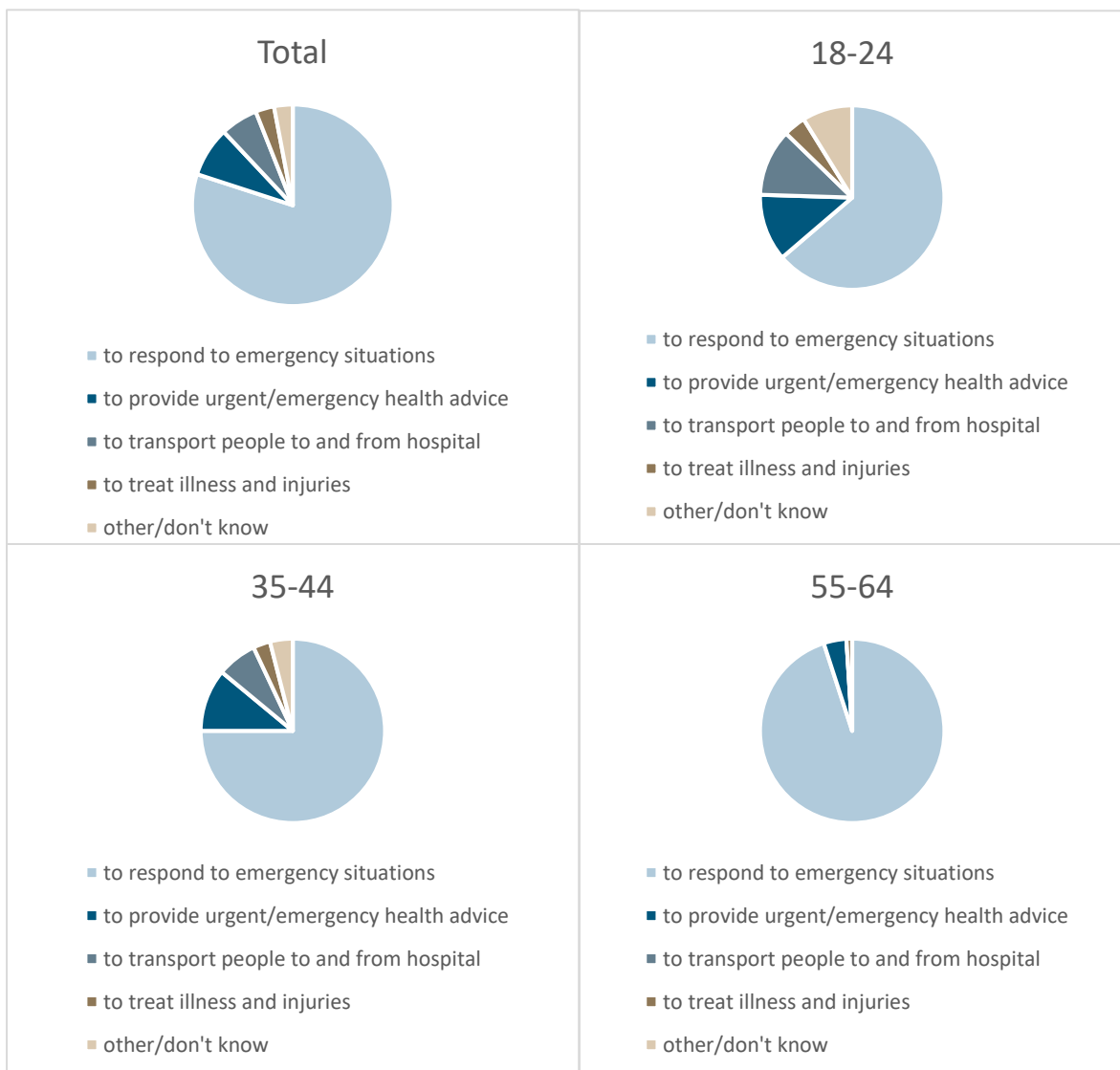
- reduce the number of people conveyed to A&E departments as a default
- provide more care remotely by ‘Hear and Treat’
- increase the number of people treated at the scene by ‘See and Treat’
- improve clinical outcomes, experiences and consistency of services for patients

The LAS believes that by doing this it can deliver between £12.1 million and £36.5 million per year in avoided costs for the urgent and emergency care sector and see up to 122,000 fewer patients conveyed to A&E when their needs could be met in a more appropriate way.⁵

Hear and Treat	See and Treat
<p>Hear and Treat is the telephone advice that callers who do not have serious or life-threatening conditions receive from an ambulance service after calling 999.</p> <p>They may receive advice on how to care for themselves or where they might go to receive assistance.</p>	<p>Ambulance staff provide focused clinical assessment at the patient’s location, followed by appropriate immediate treatment, discharge and / or referral. Often a patient may be referred to other services that are more appropriate to their patient’s needs than going to hospital, or which can provide further support to the individual at home or in a community setting, in liaison with the patient’s GP.</p>

1.5 One of the challenges facing the LAS is meeting public expectations and ensuring that the public is engaged not only with how, but why, it is seeking to transform its services. The wider public can be highly sceptical about changes which are seen as primarily cost-cutting exercises. The LAS, like other health care services, needs to be very clear about how changes will benefit individual patients and communities in the short, medium and long-term.

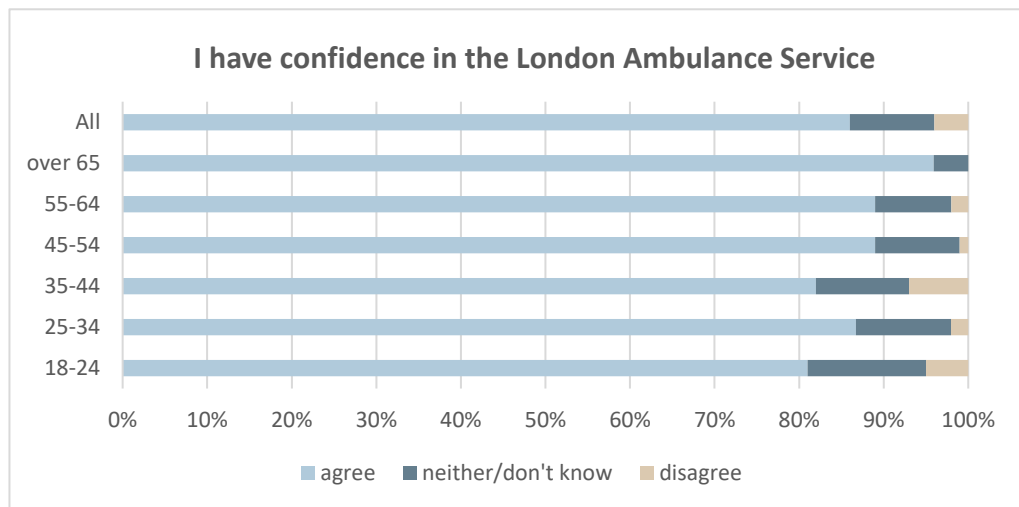
What do people view the main role of the ambulance service to be?



Source: Perceptions of the London Ambulance Service survey commissioned by the London Assembly Health Committee carried out by Populus, July 2018. Unless otherwise stated all charts in this section are taken from this survey. The full dataset can be found online at <https://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/london-ambulance-service-survey-results>

- 1.6 Our survey of Londoners showed that **people’s perception of the main role of ambulances varied according to age**. While all groups felt that the primary role was to respond to emergency situations, younger Londoners had more diverse opinions of the key role of the LAS than older Londoners. Confidence levels showed a similar variation: while confidence overall was high across the board, older Londoners were more likely to agree they had confidence in the LAS than younger Londoners.

Public confidence in the London Ambulance Service is encouragingly high



- 1.7 One possible explanation, which requires further research, is that groups who have a clearer view of the main role of the LAS have higher confidence in it than those who are less certain about its main role. This is not necessarily a problem; however, as the LAS diversifies its service model it will need to continue to monitor confidence levels to ensure that the public understands its different objectives.

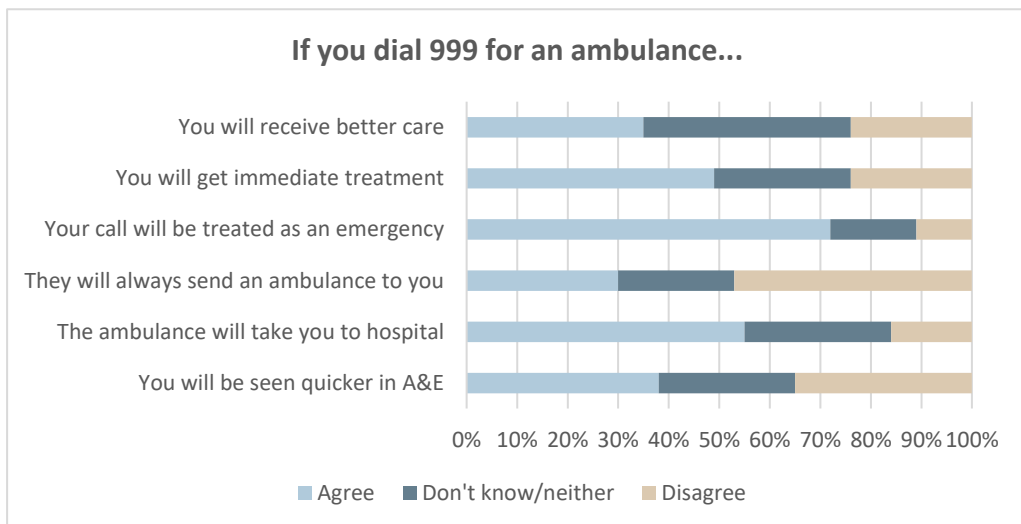
Public awareness

- 1.8 Representatives from the LAS Patient’s Forum told us that there was an ongoing need for basic information for the public about what the ambulance service is for and how it should be used:

“There was an ambulance there and they were talking to people but there was no information about what you can expect. When would you get a blue light? When would you get a first responder? Would you be treated at home? When would that happen? All that sort of basic information the public, at the moment, really do not know.”

- 1.9 The LAS has highlighted its public engagement activities and is in the process of developing a new engagement strategy. It will be important to ensure that this challenges some of the basic misconceptions about the ambulance service. Our survey suggests a number of issues where boosting public understanding might help people have more realistic expectations of the ambulance service.
- 1.10 Of particular note is the high proportion of people who assume that calling 999 will always result in an ambulance being dispatched and that the patient will be taken to hospital. This is at variance with the plans to increase use of Hear and Treat services, and also with the increased use of alternatives such as community responders or fast-response cars. More work is needed to understand what effect the use of these alternative treatment pathways will have on public confidence in the LAS.

There are some basic misconceptions about what will happen if you call 999



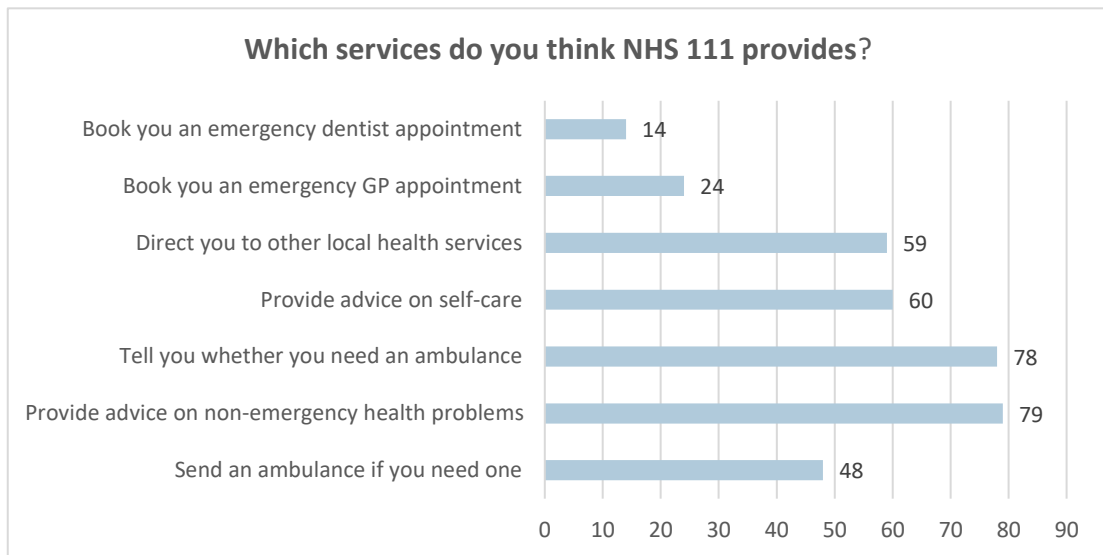
NHS 111

- 1.11 The NHS 111 service is the free number available for people to call if they have an urgent, but non-emergency, health concern. At the time of our last review, the NHS 111 service was in its infancy. However, it was thought that it would help to divert people away from calling 999 and provide information and access to a range of alternative services.
- 1.12 Seven years on, assessing the impact of NHS 111 is challenging. The Healthy London Partnership reported on urgent and emergency care pathways in 2015 and found that the system was confusing for people to navigate. One of the partnership’s key priorities was to develop ‘responsive, effective and

personalised urgent care with NHS 111 as the ‘front’ door, providing the public with access to the right advice, in the right place, first time - any hour of the day and any day of the week.⁶

1.13 However, our survey found, seven years on, that NHS 111 was still not fully understood by the London public. One in five people surveyed were entirely unaware of NHS 111, and there was a degree of confusion about what NHS 111 could be used for and the services it could provide. Crucially, less than half of people surveyed thought that NHS 111 would send an ambulance if you needed one. This suggests that it is not yet being viewed as the ‘front door’ for urgent and emergency care.

People are not fully aware of the range of services NHS 111 can provide



Wider system pressures

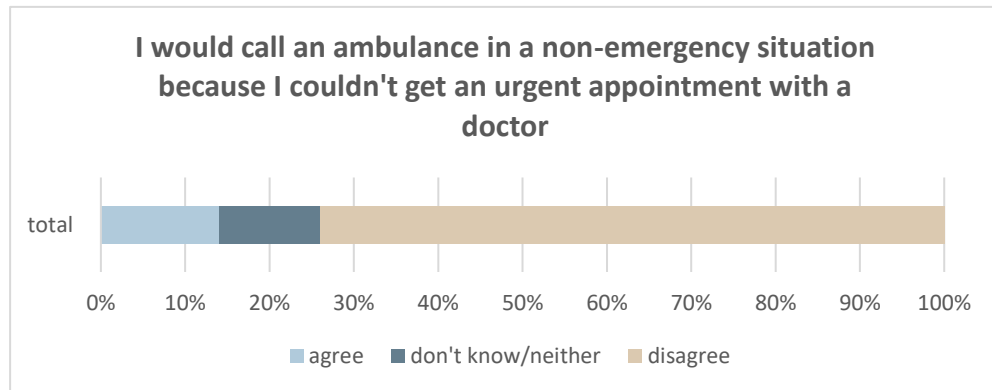
Access to primary care

1.14 Pressures elsewhere in the health and care system have a knock-on effect on the ambulance service. As a highly visible service and a ‘gateway’ into the NHS, people turn to the ambulance service if they can’t access other services, or don’t know what else to do. Patient representatives highlighted this at our open forum:

“When I do not get an answer to calls to my GP or I do not get an answer from my mental health team, where do I go? I go to 999 because that is the only number that is available 24/7”⁷

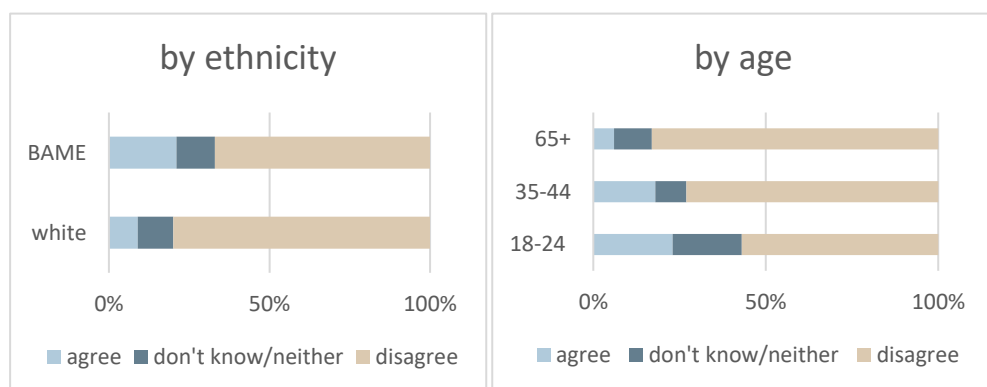
1.15 This is reflected in our survey findings: significant proportions of Londoners surveyed admit that, while they know the ambulance service should only be used in emergency situations, they would consider calling 999 in non-emergency situations because they were unable to access primary care.

Lack of access to primary care affects how people use the ambulance service



1.16 These total figures mask some significant differences in how different groups would respond under these circumstances. The charts below show the variation in responses between different groups. Younger people are most likely to call an ambulance because they couldn't get an urgent GP appointment: almost one in four would do so, compared to fewer than one in ten of over 65 year olds. And people from BAME backgrounds are twice as likely to do so than people from white backgrounds. This suggests more analysis is needed of how difficulty (or perceived difficulty) in accessing primary care can affect demand for ambulance services.

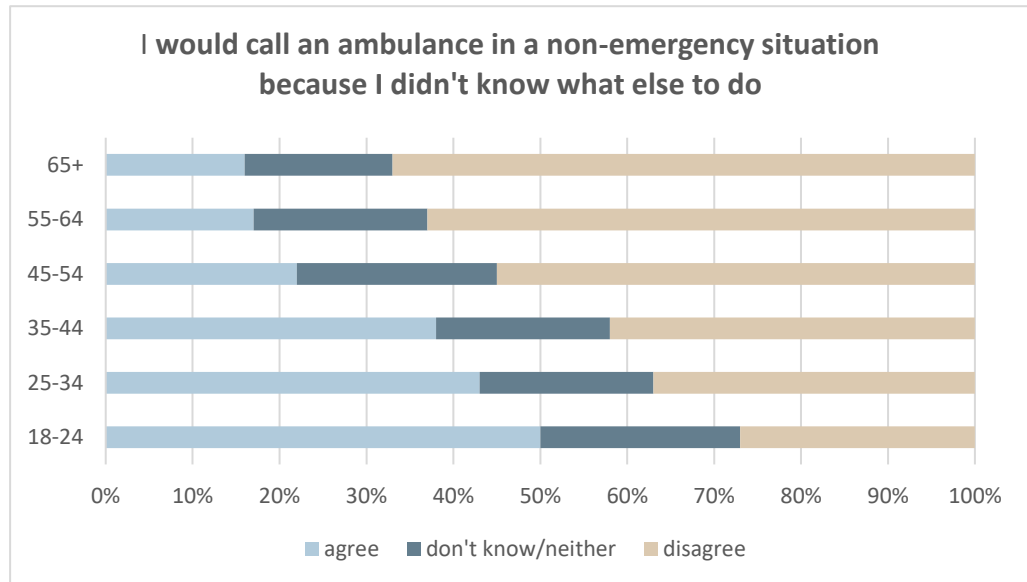
There is variation between different demographics on this issue



1.17 More broadly, **significant numbers of Londoners would call an ambulance in a non-emergency situation simply because they do not know what else to do.** This is particularly true of younger Londoners, suggesting that more needs

to be done to educate young Londoners about alternative ways to access care.

Young Londoners are calling ambulances because they don't know what other options are available to them

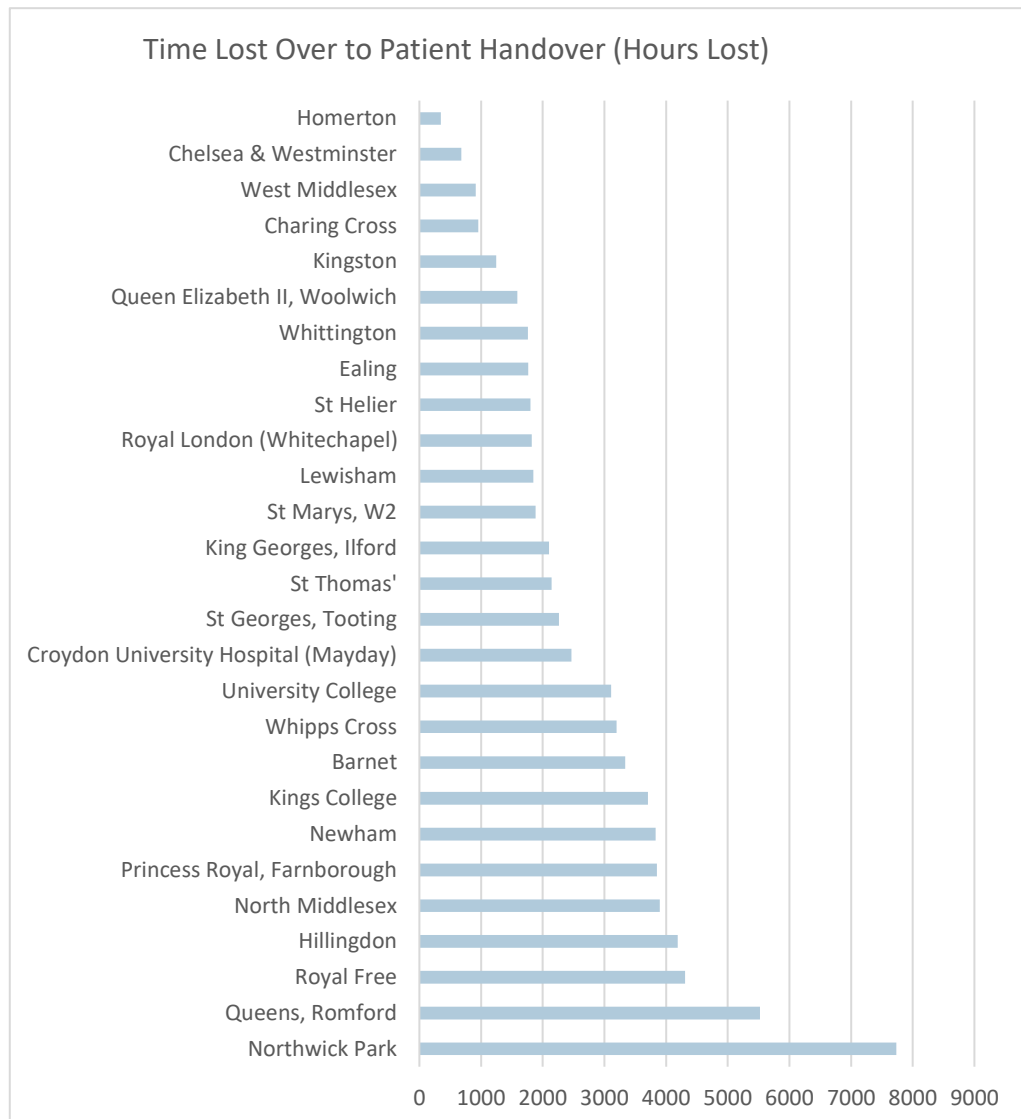


Ambulance handover at hospital A&E departments

1.18 Public and patient representatives told us that they were concerned about the well-publicised difficulties in managing demand faced by many A&E departments in London. Delays in the handover of patients from ambulance services to A&E departments result in increased risk to patients on-site due to delays in diagnosis and treatment; increased risk in the community (because fewer ambulances are available to respond); and the ability to respond to a serious or major incident being compromised. The LAS Patient's Forum has highlighted this as one of their key concerns for the operational effectiveness of the LAS.⁸ Transferring the care of a patient from an ambulance to an accident and emergency department is expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make their vehicle ready for the next call.

“It does not matter how many paramedics we employ or how many ambulances we have if there is not the capacity in hospitals to take the patients in”
Patient representative

There are considerable differences in the time being lost to handover delays in London’s hospitals⁹



Source: LAS written submission July 2018

1.19 Service reconfigurations, such as closing an A&E department or moving specialist services elsewhere, can have a significant impact on ambulance response times and local demand. In the context of further potential changes arising from new sub-regional sustainability and transformation partnerships (STPs), this is likely to be a significant challenge to LAS operations. Because it is a pan-London service, the LAS needs to be engaged with changes across all of London’s STP footprints. This is a complex logistical challenge. A 2017 report by the National Audit Office found that “the wider system does not always make good use of the ambulance services’ experience or recognise the

impact that changes to other local services have on ambulance services.”¹⁰ And the LAS has raised concerns that it has not been involved as fully as it could be in these processes:

“(STPs) are developing plans for urgent and emergency care that are not consistent. The increasing volume of short operating hours or small footprint pathways and protocols mean that patients may get different types of care in different parts of London; and our staff must spend time learning what is available and where [...] increased consistency would provide a better patient experience and support our staff in providing patients with the most appropriate care.”¹¹

Availability of alternative community services

- 1.20 The LAS goal of reducing conveyance to hospital is a good one. As well as the issues around ambulance handover times, hospitals are not always the best places for people to be treated. In many cases, people would benefit more from, and prefer to have, treatment in their own homes or in community-based services. But reducing conveyance to hospital is dependent on the availability of alternative care pathways. We heard evidence that difficulties in accessing alternative pathways were casting doubt on whether the LAS would be able to achieve its goals in reducing conveyance to hospital:

“We would like to see real evidence that there are alternative care pathways that can deal with a whole range of situations rather than the LAS or paramedics beginning to feel that it is not appropriate to take someone to hospital.”¹²

- 1.21 One of the key areas highlighted to us by the LAS is mental health services. The LAS deals with around 100,000 mental health related callouts a year.¹³ The recent Carter review into ambulance services nationally highlights that the LAS has proportionately more mental health patients than any other ambulance trust, regardless of size, but also ends up having to convey more of them to hospital than any other Trust.¹⁴ LAS leadership acknowledges that this is in part due to the lack of alternative mental health services, and that this situation requires attention.¹⁵

“If you are in crisis with a mental health problem, A&E is probably not the right place for you. A police cell is not either. It is not good for the client, it is not good for the A&E staff or the police and it is not good for our staff”

Heather Lawrence OBE, Chair, LAS Board

1.22 The LAS has set out a number of steps it has taken to improve its mental health offer to patients, including:

- introducing mental health nurses to its control room, who can provide specific support to patients with mental health conditions, particularly where being taken to hospital is not the most appropriate outcome for the patient. In 2016/17, a total of 1,421 mental health calls were managed by mental health nurses without an ambulance being dispatched¹⁶
- expanding mental health training for staff
- working with mental health patients and their carers to improve how care is delivered to them
- introducing a mental health risk awareness tool to help frontline staff assess mental health patients and hand over key information to receiving clinicians
- supporting the Heads Together Time to Talk campaign, encouraging people to talk about mental health¹⁷

1.23 However, concerns remain that without more investment in mental health services across London, the ambulance service will continue to be seen as one of the few ports of call for people in crisis.

The wider urban environment

1.24 How the LAS works is significantly influenced by the wider physical city environment in which it operates. The design of the built environment and how transport services interact with road users are two critical areas in which consideration of the needs of the LAS are crucial. Beyond this, the cultural life of the capital, including the night-time economy and large scale cultural or sporting events, will all affect LAS operations.

1.25 In its response to the consultation on the Mayor's draft London Plan the LAS set out a number of issues relating to how it operates in an ever-changing built environment:

- **Planning changes have the potential to rapidly increase the number of people living within a small area;** for example, large population increases through the development of flats can create additional demand on ambulance services.

- **Additional demand** around developments for particular demographics who are higher-frequency ambulance users (such as retirement or care homes.)
- **Access requirements** around tall/high rise buildings, where time taken to reach upper floors can increase response times.¹⁸

1.26 The LAS operates out of 70 ambulance stations across London, but as the environment changes, there are questions around whether these are in the right places to optimise coverage and response times. The LAS is looking at how to develop a future-proof estates strategy. However, there could be significant public alarm if ambulance stations are closed or relocated without clearly identifying that there is a sound public interest and patient benefit from the changes.

Traffic and congestion

1.27 London's ongoing congestion problems were raised by members of the public as a potential area of concern. The LAS told us that in highly congested areas they operate "cycle response teams and motorcycle response teams who treat patients and can either discharge them at the scene or provide life-saving treatment while an ambulance is on its way."¹⁹ These teams carry the same equipment as an ambulance and are a valuable resource for London but cannot transport patients. Therefore, ensuring quick vehicle access is essential.

1.28 The current Chief Executive of the LAS, who was formerly Head of Surface Transport at TfL, told us that congestion was less of a problem for ambulances than many people supposed, but that nevertheless there were some challenges.²⁰ And paramedics told us that issues such as roadworks or road closures, changes to road layouts, and wayfinding, particularly around new developments, created challenges in responding quickly and efficiently.²¹ In its response to the consultation on draft London Plan, the LAS identified that "travelling at reduced speeds across significant areas is likely to increase travel times, which can reduce the availability of crews and increase travel times to hospital or patients, subsequently having a negative effect on patient outcomes."²²

Impact of the night-time economy

1.29 London is a 24-hour city. This creates additional complications for the ambulance service. Fewer alternative healthcare options are available during the night, notably primary care. And a night-time economy that is geared towards alcohol consumption contributes to ambulance demand. Excess alcohol consumption is a leading cause of ambulance callouts, although the

scale of the issue is difficult to quantify. A 2015 report by the Institute of Alcohol Studies suggests that nationally alcohol is a factor in around 35 per cent of callouts.²³ The LAS says that alcohol is a factor in around seven per cent of callouts.²⁴ However, it acknowledges that this is likely to be a significant under-reporting as many assaults, minor injuries and accidents may not be categorised as ‘primarily’ alcohol related. One paramedic, quoted by the Institute of Alcohol Studies suggested that the figures could be as high as “60 per cent across the trust and 80 per cent in the west end/central areas.”²⁵

- 1.30 Alcohol-related callouts are frequently cited by frontline staff as difficult to handle, with many paramedics experiencing assault and abuse. **The LAS reports that in a survey conducted in 2017/18 with staff 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.**²⁶ Over 95 per cent of those surveyed claimed to have been verbally abused by a drunk patient at least once whilst on duty.²⁷ Other issues include the need to wash down vehicles and uniforms if they have been vomited on, as part of infection control. This can result in ambulances being unavailable for other callouts for lengthy periods.

Workforce

- 1.31 Elevated levels of frontline vacancies create operational pressures, increased sickness rates and lower staff morale, resulting in staff retention issues. Call-taking staff, as well as frontline staff, also experience stressful working conditions leading to high turnover and a continuing need to train new staff.
- 1.32 The LAS has actively recruited paramedics for over two years, including from abroad, and reports that the vacancy rate for paramedics is now very low.²⁸ There is, however, competition for paramedics with other (neighbouring) ambulance trusts and with the widening opportunities for paramedics to work in other care settings including GP surgeries. These opportunities are often more attractive to paramedics because they provide a better work-life balance; for example, by having set hours rather than shift work. And the LAS is concerned that English universities “do not currently have sufficient places for the number of paramedics that are needed in this country.”²⁹ As the LAS seeks to expand its workforce by, for example, introducing more advanced paramedics, there are concerns that there may be a shortfall.
- 1.33 There are further concerns around the recruitment of call-handlers. In a report presented to its board in February 2018, the LAS identified an acute lack of staff at its two main bases as a key risk to its ability to function. It

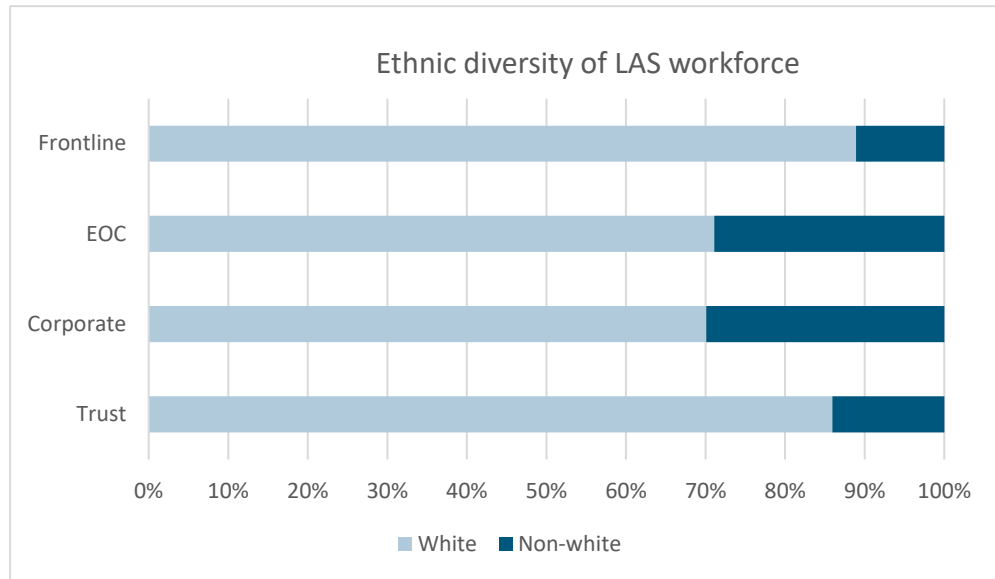
stated that “the Trust may be unable to maintain service levels due to insufficient staff in the emergency operations centre.”³⁰ In its most recent report the CQC improved its ratings of many aspects of LAS performance. However, it highlighted staffing of the Emergency Operations Centre (call centre) as a ‘must improve’³¹, saying: “the Trust must ensure that it addresses staffing shortages within the emergency operations centre so that it achieves planned staffing levels.”³² It also said the LAS should “ensure that it provides suitable support and training to new call handling staff and improves its recruitment and retention of staff in the Emergency Operations Centre.” The LAS informed us that out of around 470 call centre staff 40 posts (around an eight per cent vacancy rate) and expected to reduce this to a vacancy rate of around two per cent by Christmas 2018.³³

- 1.34 Higher living costs in London exacerbate retention problems: 30 per cent of London’s paramedics live outside London, and the Chair of the LAS acknowledged that “if you are on a paramedic wage or salary you cannot live in central London.”³⁴ Call centre staff, who are on lower salaries than paramedics, are likely to find it even more difficult.
- 1.35 The draft London Plan highlights this issue: “the shortage of affordable housing in the capital is hindering the recruitment and retention of public service workers, including those crucial to the operation of the emergency services, the health system and London’s transport infrastructure.”³⁵

Workforce diversity

- 1.36 The LAS aims to reflect the diversity of the communities it serves. But it has a long way to go in this regard. Its workforce is strikingly undiverse: across the whole Trust, almost 85 per cent of staff are white.³⁶ And this overall figure masks an even greater lack of diversity in certain parts of the organisation: 29 per cent of the EOC staff are from minority ethnic backgrounds, compared to just 11 per cent of frontline staff.³⁷ The CQC highlighted this issue in its most recent report, calling on the LAS to “ensure that it improves the recruitment of, development and progression opportunities for BAME staff.”³⁸

The LAS workforce is strikingly undiverse



Source: LAS written submission, July 2018

- 1.37 The above examples have highlighted just some of the key issues facing the ambulance service in London on a daily basis. Our investigation has focused on those areas where we have identified a clear public concern, and where there are tangible actions the Mayor could take to help support the LAS to carry out its role. The Mayor has no direct powers over how the healthcare system works in London, although he can seek to influence and persuade both as Mayor and Chair of the London Health Board. However, through greater consideration of the needs of the ambulance service in a wider 'health in all policies' approach, the Mayoralty is well placed to act.

2. Supporting an ambulance service for all Londoners

Key findings

- The Mayor is well placed to help the LAS by using his own planning, transport and digital transformation powers to help create a better operating environment for the capital's ambulance service.
- The Mayor also has a key role to play, and expertise to share, in supporting the LAS workforce and boosting volunteering.
- The LAS can contribute significantly to the achievement of the Mayor's own policy ambitions for London.

2.1 While it is not within the Mayor's powers to tackle all of the challenges facing the LAS, there are a number of areas where he could take action that would help support the LAS to deliver its strategic aims. And there is much within the new LAS strategy which, if effectively implemented, could help deliver the goals of the Mayor's own health inequalities strategy, and his wider policy goals for London. In this section, we look at some areas in which greater partnership working between the Mayor and the LAS could realise mutual benefits and help both organisations to deliver their strategic objectives.

Aligning strategic goals across organisations

2.2 The Mayor has set out a vision for London to be the healthiest big city in the world. His Health Inequalities Strategy (HIS) sets out five key areas for action to reduce health inequalities across London.³⁹ These are:

- **Healthy Early Years**, focusing on the need to give babies and children the best possible start in life.
- **Healthy Minds**, supporting all Londoners to live mentally healthy lives.
- **Healthy Places**, creating an environment which enables health and wellbeing.
- **Healthy Communities**, empowering individuals and communities to be active partners in their own health and wellbeing, and support others.
- **Healthy Lifestyles**, making healthy living a possibility for all.

2.3 The LAS is developing 'pioneer' services to provide a more tailored response to particular situations that result in high-frequency use of ambulance services.⁴⁰ These are:

- falls
- mental health
- maternity
- end of life

2.4 Calls relating to falls, mental health and maternity account for around 15 per cent of the total number of patients the LAS responds to.⁴¹ These pioneer services aim to provide more tailored responses when people dial 999 and aim to avoid taking patients to hospital if their needs can be met more appropriately in other ways. Over the timescale of the five-year strategy they believe that they can deliver this type of differentiated service from less than ten per cent currently to over 30 per cent by 2022/23. **They believe this could see up to 95,000 fewer patients taken to A&E, saving London's health system**

between £9.5 million and £12.8 million a year.⁴² However, the LAS Patients' Forum cautions against seeing these pioneer services as a 'magic bullet' to relieve demand, and concerns have been raised that paramedics may be put under pressure to make conveyance decisions based on this target, rather than the clinical need of the patient.

- 2.5 There are some clear areas of overlap between the emerging LAS pioneer service areas and the key areas of focus for the Health Inequalities Strategy. This presents an opportunity for better joined-up working across organisations. Using the HIS to galvanise action on these key issues across London's health and care partners could help to manage demand on the LAS by ensuring that alternative care pathways are available locally. The London Health Board, chaired by the Mayor, is well placed to provide system leadership, by encouraging local health and wellbeing boards to ensure adequate consideration of these key areas in the development of their local commissioning strategies.

Recommendation 1

The London Health Board should encourage local commissioning bodies to develop consistent pathways across London for falls, mental health, maternity care and end of life care. The London Health Board should specifically work in partnership with the London Ambulance Service to identify gaps in existing provision and develop a unified city-wide response on these four issues.

Supporting the LAS workforce

- 2.6 **The most important asset and resource of the LAS is its workforce.** This includes not only its frontline paramedics but its call handling staff, community responders and volunteers.
- 2.7 Given the uncertainties about workforce caused by Brexit and changes to immigration policy, it makes sense for the LAS to also look at ways to boost its recruitment of homegrown employees. And there is also a pressing need to improve the diversity of the LAS workforce. However, many people (of all backgrounds) may not be aware of the range of potential jobs offered by the LAS. Becoming a paramedic requires a degree. If this is seen as the only entry point into the service many people may be discouraged; for example, by the cost of undertaking a degree. But developing and promoting the alternative pathways into a career with the LAS could help boost applications from a much more diverse cohort. To do this effectively there needs to be a greater

understanding of what skills are required for the varied roles available within the LAS, and ways for people to gain these skills.

2.8 There are currently over 800,000 unemployed BAME Londoners.⁴³ This is a huge untapped source of recruitment for the LAS, with the potential not only to boost the workforce in absolute terms but also to significantly increase its diversity. The Mayor has set out his vision for London to be a city where “Londoners, employers and businesses get the skills they need to succeed in a fair, inclusive society and thriving economy.” His Skills for Londoners strategy sets out three core aims:

- To empower all Londoners to access the education and skills to participate in society and progress in education and work.
- To meet the needs of London's economy and employers now and in the future.
- To deliver a strategic city-wide technical skills and adult education offer.⁴⁴

2.9 The LAS has the demand for recruits, and London has the means to supply them. What is needed is for someone to connect the dots and help develop a working partnership where the LAS can work with adult education centres to ensure that the supply matches the demand in terms of core skills. This is where the Mayor can play a pivotal role through his Skills for London strategy and the devolved Adult Skills Budget.

Recommendation 2

The Mayor should engage with LAS leadership as part of the Skills for Londoners agenda. The GLA and the LAS should work in partnership to develop an access to work programme specifically designed to equip unemployed Londoners with the necessary core skills to embark on careers with the London Ambulance Service.

Boosting volunteering

2.10 The new LAS strategy sets an ambitious goal for increasing volunteering and is currently developing a volunteering strategy. Its strategy sets out its aims to set up a community of volunteer ‘Life Changers’. Some will have roles within the LAS and others, such as trained first aiders, will have roles within the community. The LAS aims to recruit one per cent of the London population to become Life Changers – this equates to around 100,000 new volunteers.⁴⁵

“Our vision is to have the ability to bring in volunteers right across the service of all ages and all levels of commitment.”⁴⁶

2.11 There are multiple benefits to boosting volunteering with the LAS, including:

- better health outcomes for Londoners, by supporting people to be treated within the community rather than going to hospital
- giving the public a greater understanding of how the LAS works and a role in shaping its services
- developing employability skills within volunteer cohorts

2.12 The Mayor has emphasised the importance of volunteering in his social integration and health inequalities strategies, both as an enhancement to the wellbeing of individuals and as a way of promoting community cohesion. The Mayor’s social integration strategy includes an ambition to “improve volunteering and social action opportunities to increase participation, particularly among groups of Londoners who are currently less likely to be engaged.”⁴⁷ Volunteering should also help the public to learn more about how the ambulance service works and could help promote more informed and responsible use of the service.

2.13 The LAS has indicated that it would welcome the support of the Mayor in developing its volunteering offer.⁴⁸ Team London, the Mayor’s volunteering programme, could provide valuable insight and expertise on how to attract volunteers to the LAS. Similarly, other GLA group organisations with established volunteering schemes could also provide guidance to the LAS.

Recommendation 3

The Mayor should explore ways to develop a formal working partnership between Team London and the LAS to support the LAS aim of recruiting 100,000 volunteers by 2023. This should include a commitment to joint promotion of volunteering opportunities with the LAS.

Increasing workforce diversity

2.14 To make sure there is a consistent approach to workforce diversity and inclusion across the GLA Group, the Mayor has developed a set of common practices and standards called the Diversity and Inclusion Action Standard.⁴⁹ This is a new benchmarking framework bespoke to, and developed by, the GLA Group organisations in collaboration with Equality Works Group -

specialist diversity and inclusion consultants. The Standard focuses on the GLA Group as employers and on action the organisations can take in order to raise the bar collectively on workforce diversity and inclusion.

- 2.15 Given that it has struggled to increase the diversity of its staff despite previous efforts, the LAS should adopt the Diversity and Inclusion Standard. This could also allow for the further collaborative action with both the Met and the London Fire Brigade, who, as members of the GLA group, are already signed up to the Standard.

Recommendation 4

The London Ambulance Service should voluntarily adopt the new GLA group Diversity and Inclusion Standard, and work with GLA group partners to share best practice to encourage workforce diversity.

Cost of living

- 2.16 LAS staff are paid according to NHS salary bands, meaning that the LAS has little flexibility in changing the terms and conditions it can offer directly as an employer. However, as vital public service workers we are concerned that the cost of living in London has become prohibitive for many frontline LAS workers. Addressing London's affordable housing crisis may help in the longer run; however, we would also like to see the Mayor and the LAS work together to determine the impact of travel costs on frontline staff retention and to explore the feasibility of offering free or subsidised travel to LAS frontline workers, to help mitigate the financial challenges of commuting long distances to work, often at unsocial hours where transport options can be limited.

Recommendation 5

The Mayor should explore the feasibility and costs of developing free or subsidised travel options for LAS frontline workers while on duty.

The wider urban environment

- 2.17 The Mayor is currently consulting on a revised London Plan, the spatial development strategy which sets out the framework for planning and development across the capital. We think the Plan should more explicitly

recognise the needs of the LAS when it comes to new developments, so that potential increases in demand for their services can be anticipated and planned for where possible.

- 2.18 Currently the London Plan directs boroughs to “work with their local Metropolitan Police Service ‘Design Out Crime’ officers and planning teams, whilst also working with other agencies such as the London Fire and Emergency Planning Authority, the City of London Police and the British Transport Police to identify the community safety needs, policies and sites required for their area and to support provision of necessary infrastructure to maintain a safe and secure environment”⁵⁰
- 2.19 We do not expect the LAS to be formally consulted on all planning applications in London: not least because this would create a huge administrative burden. But we would like to see more evidence that the Mayor is considering the impact of new development on the LAS when he considers major planning applications that are referred to him. This is particularly important where the application includes developments such as residential care homes, which are likely to have higher demand for ambulance services.

Recommendation 6

The London Plan Policy D10 should be amended to include explicit reference for the need for boroughs to work with the London Ambulance Service to identify community safety needs and support provision of the necessary infrastructure to maintain a safe and secure environment. In his response to this report, the Mayor should set out how he intends to use his planning powers to work with the LAS to mitigate the impact of major new developments on the demand for LAS services.

Making the best use of data and new technology

- 2.20 In 2018 the Mayor published his Smart Cities roadmap, through which he hopes to “find a bolder approach to the way data innovation and digital technology serve those who live, work and visit our great city.”⁵¹ The roadmap seeks includes a commitment to “work with the NHS and health organisations in London to ensure that all Londoners can benefit from digital health and social care” by:

- linking NHS data and digital transformation with other city-wide initiatives

- engaging Londoners in discussions about the appropriate and secure use of patient or personal data to improve the healthcare of citizens and medical research⁵²

2.21 The LAS has been working with Kings College London on the Data Awareness for Sending Help (DASH) project.⁵³ The project was a policy demonstrator project exploring the potential impacts of integrating new and emerging data sources on emergency response and wider policy. The project aimed to determine how wider data can enhance LAS decision-making and how in turn the wealth of data the LAS holds about the health of London can support others and ultimately affect how healthcare is provided in the future. The researchers have identified the following areas for further work:

Six new data initiatives recommended for LAS

<p>1 Encourage broader, pan-London connections around the integration of health and social care data, to improve evidence on what works. <i>Patients deserve dispatch decisions, including conveyance as well as treatment decisions, which are evidence-based and safe.</i></p>	<p>4 Use mobile network providers' data and insight to support service effectiveness. <i>Aggregate mobile phone location data is used for marketing; why not support ambulances by tracking crowded areas and anticipating need?</i></p>
<p>2 Partner with Transport for London to allow ambulance services to navigate traffic more intelligently. <i>Travellers benefit from near 'real-time' traffic data; why shouldn't patients?</i></p>	<p>5 Extend the use of video communications technology to improve triage and remote treatment where appropriate. <i>Patients should be able to communicate with LAS by video as well as audio if useful.</i></p>
<p>3 Engage with the London Air Quality Network to help predict demand for ambulance services for those with breathing problems. <i>Air quality models can enable improved care for patients with asthma and COPD.</i></p>	<p>6 Challenge researchers to propose specific ways to facilitate access to and uses of weather data. <i>Can researchers go further to help LAS maintain service levels whatever the weather?</i></p>

Source: King's College London [Data for Ambulance Dispatch](#)

2.22 Patient representatives at our open mic meeting were enthusiastic about the potential for data and new technology to improve patient experiences and the efficiency of the ambulance service, for example, by linking up patient health and social care records in a more integrated way to help the LAS make the most appropriate decisions on treatment options.⁵⁴

2.23 The LAS has recognised the potential of harnessing data to support its work, and the value to other organisations of the wealth of pan-London intelligence

it holds. We were therefore surprised to hear from the LAS Chief Executive that the LAS does not, to date, appear to have been engaged by the Mayor's Smarter London initiative.⁵⁵

- 2.24 However, we also heard that some patients and the wider public needed reassurance about how their personal health data will be used and kept secure.⁵⁶ We think a wider discussion with Londoners about the potential of data and technology to improve healthcare is timely. Given the high visibility that the LAS has with Londoners, and the clear regard in which the service is held, framing the conversation around the potential to support the ambulance service may help to make this subject more accessible to Londoners.

Recommendation 7

The Mayor should instruct his Chief Digital Officer to explore partnership working with the LAS on the Smart Cities data programme, with particular reference to the six new data initiatives identified by the King's College DASH project. As part of this, the Mayor should set out to the committee how he will encourage a conversation with Londoners about the use of health data and analytics, using the London Ambulance Service as a case study.

The night-time economy

- 2.25 The Mayor has set out his plans to support a safe and sustainable night-time economy in his 'vision for London as a 24-hour city'. The vision recognises "that there is potential to transform Londoners' health and encourage healthier alcohol use through a more varied night time offer that's active right across the city. This can also help reduce demand for the London Ambulance Service."⁵⁷ It also sets out the potential impact of the night-time economy on public services:

"The police and health services do an incredible job in keeping Londoners safe and well. The night time economy is both a crucial part of what they support and protect and a competitor for their dwindling resources. We must do what we can to alleviate the burden on them. There are great examples of local authorities, the police, health services and night time businesses working together and reducing problems. We can help these partnerships to flourish across the capital, devising creative solutions and supporting a safe and healthy night time economy."⁵⁸

2.26 The Metropolitan Police Service is a member of the Commission; the London Ambulance Service is not. The Night Time Commission discussed meeting with the LAS soon after its inception in 2016. However, there is no indication from subsequent meeting records that this meeting took place.⁵⁹ We think that the LAS has some important insights into discussions around the night-time economy across London and we are concerned that their views and experience may not be being adequately taken into account.

Recommendation 8

The Mayor should set out to this committee what work is being undertaken by the Night Time Commission with the London Ambulance Service. The Night Time Commission should invite the LAS to attend a Commission meeting as an urgent priority, to discuss how the implementation of the Mayor's night time vision and other Commission work impacts on the London Ambulance Service. The Mayor should also give consideration as to whether the London Ambulance Service should be invited to become a permanent member of the Commission.

3. Strengthening partnership working with the LAS

Key findings

- Giving Londoners a greater stake and role in how their ambulance service operates will be critical to ensuring its future success
- There needs to be a stronger public voice in LAS decision-making, and a stronger voice for the LAS in discussions about the transformation of health and care across the capital
- Strengthened partnership working between the Mayor and the LAS could have wide-ranging benefits for both organisations but, far more importantly, for patients and communities.

- 3.1 The London Ambulance Service is ultimately all about people: the people who use it, and the people who work for it. Giving Londoners a greater stake in how the LAS operates will be critical in ensuring its future success and in designing services that meet public need and continue to inspire public confidence.
- 3.2 To many members of the public, the ambulance service is part of the emergency services rather than a health service, and there is some debate about why it is not overseen in the same way as the London Fire Brigade and the Metropolitan Police. Our survey of Londoners found that almost half of those surveyed (49 per cent) felt that the ambulance service should be overseen by the Mayor in a similar way as the Met Police and the London Fire Brigade, with around a third (34 per cent) undecided. More work is needed to understand what the public perceives the benefits of such a move to be.
- 3.3 We recognise the need for the LAS to remain part of the NHS and accountable to its formal regulation and governance frameworks. We are not convinced that making complex changes to the governance arrangements of the LAS, or giving the Mayor powers over how the service operates, would necessarily bring any enhanced benefits to patients. We suspect that most Londoners are considerably less concerned about the internal governance structure of the LAS than they are in ensuring that the LAS can provide an effective and efficient service, and is supported to do so.
- 3.4 The groups we spoke to were clear that what they did value was being able to contribute to discussions about the future of their ambulance service, and to see tangible evidence of how any changes to LAS ways of working benefitted the public, and how emergency services work together. We heard there was significant collaboration with the other blue light services on a wide range of issues such as estates, fleet, IT and technology and joint response units. We think that this collaboration needs to be more effectively showcased, so that Londoners can see how the emergency services work together.
- 3.5 The LAS is subject to considerable formal scrutiny of its clinical role. However, our investigation has revealed considerable public interest in shaping the ambulance service of the future in those areas which are not directly the remit of these formal scrutiny processes.
- 3.6 The Mayor himself suggested a greater role for the GLA in scrutinising the LAS, while the Trust was in special measures:

“I believe there is a case for us collectively having a greater role in scrutinising performance and holding the LAS to account because it is clear that it has been underperforming for some time now.”⁶⁰

- 3.7 Although the Trust has improved its rating and its performance is no longer under such intense formal scrutiny, we believe that there is ongoing value in Londoners being able to monitor how the LAS is progressing towards its aims.
- 3.8 We are therefore delighted that the London Ambulance Service has recognised the benefits of an ongoing dialogue with Londoners and has agreed to give an annual update on its progress to the London Assembly Health Committee.⁶¹ This will provide opportunities to monitor LAS progress on those elements of its core business – such as its efforts to develop its workforce and volunteering capabilities and its engagement with Londoners. In return, the London Assembly stands ready to make the case to the Mayor for action to support the LAS to achieve the ambitions of its strategy, and to argue for the LAS to have a stronger voice in decision-making about health and care issues across London.

A stronger public voice in LAS decision making

- 3.9 Effective engagement will be key to ensuring that the public ‘buys in’ to what the LAS is trying to achieve and retains confidence in the service, including its new models of care. There are some distinct challenges to achieving this. Over eight million people live in London, with many more coming into the city to work or visit every day; over 150 languages are spoken, and the population is highly mobile, meaning that engagement needs to be varied and repeated frequently.
- 3.10 The LAS Patient’s Forum, a volunteer group, is the main patient representative body identified by the LAS. We commend Forum Members for their dedication and commitment to improving LAS operations. However, this is one small, self-selecting group. While its insights are valuable to the LAS, it cannot be considered a proxy for wider public and community engagement.
- 3.11 The most recent LAS engagement strategy sets out principles for engagement at three levels:
- **Patient engagement at the individual level:** At an individual level, the Trust aims for patients to be involved in their own care and treatment, and for their carers to be involved and informed as appropriate.
 - **Patient engagement at the organisational level:** patients and members of the public being welcomed into the organisation to ensure involvement in

programmes and projects. Involvement at this level includes membership of Trust committees and groups.

- **Patient engagement at the public level:** to emphasise the Trust's commitment to looking outside the boundaries of the organisation for opportunities to involve and engage.⁶²

3.12 At the **individual** level, the Patient's Forum has suggested that the LAS is too dependent on NHS established processes for complaints and feedback, which are not appropriate for the type of service offered by the ambulance service:

*"You cannot ask somebody who is lying on a trolley in an ambulance whether they are satisfied with the service or whether they would recommend it to a friend or neighbour. That is what NHS England has imposed, which is inappropriate."*⁶³

3.13 At the **organisational** level, LAS performance is viewed more positively. Involvement with community groups on specific conditions, such as sickle cell anaemia, has been praised by participants, although we are concerned by reports that this is often dependent on the workforce volunteering to take on additional projects, and that therefore this is unsustainable in the context of an already over-stretched workforce.⁶⁴

3.14 The Patient's Forum has also raised concerns about the effectiveness of LAS engagement on its new strategy.⁶⁵ This is at odds with the views of LAS leadership who have described public engagement on the strategy as extensive.⁶⁶ We suggest that the LAS looks beyond the traditional methods of consultation to more creative ways to truly engage with Londoners.

3.15 It is specifically at the public level that we think the LAS needs to take a more strategic approach to engagement. The LAS is currently developing a new engagement strategy. We would like to see this commit to explicit actions to engage with a diverse cross-section of London's communities, with particular regard to groups with protected characteristics and those who have traditionally been considered 'harder to reach'. The committee's recent work on mental health has highlighted particular challenges faced by some groups within the population in accessing and engaging with services, including primary care. We would therefore urge the LAS to pay particular regard to engagement with London's LGBT+ communities, Deaf and disabled Londoners, and to engagement with homeless people, in the development of its new engagement strategy.

Recommendation 9

The London Ambulance Service should ensure that its new engagement strategy sets out how the organisation will engage with London's diverse communities include LGBT+ communities, BAME communities, Deaf Londoners and disabled Londoners. The LAS should report on its community engagement activities at its annual meetings with the London Assembly.

A stronger voice for the LAS in London's healthcare system

- 3.16 The LAS has a unique perspective on health and care issues in our capital, and unprecedented reach as one of the most highly visible frontline health services. And its position as the only pan-London service provider means that there is a wealth of data and knowledge held by the LAS that could potentially bolster partnership working across the system - one of the core aims of the London Health and Care devolution agreement.
- 3.17 We believe that the London Health Board, with its role in driving system-wide improvements in health and care across the city, should be paying far more attention to the insights that the LAS has to offer on a range of issues including health promotion, reducing health inequalities, improving access to services, and developing new models of care. Crucially, the insight of the LAS will be of benefit in the development of public policy that extends much further than the traditional health and care sphere, addressing the wider determinants of a healthy city including housing, planning, the environment and employment.
- 3.18 As set out in chapter 2, changes elsewhere in the healthcare system have a knock-on effect on ambulance service operations. While some of these are likely to be unavoidable, some could be mitigated by ensuring that the needs of the ambulance service are properly considered early in planning processes.
- 3.19 We are therefore calling on the Mayor and the LAS to work together in the interests of Londoners, and to do so publicly and transparently. To this end, we call on the Mayor to acknowledge the LAS as a priority stakeholder for the core GLA in the development of citywide policy and as a core member of the London Health Board.

Recommendation 10

The Mayor, in his role of Chair of the London Health Board, should review membership of the Board to ensure that it reflects the increasing diversity of the health and care landscape in London, and invite LAS membership of a revised London Health Board.

Conclusion

London's ambulance service is an indispensable part of the fabric of our city and is well loved by Londoners. It is vital that it is given the support it needs to operate successfully across the capital. The Mayor has promised to champion and challenge the NHS in London, and to take a 'health in all policies' approach to his work. We have set out ways in which strengthened partnership working between the Mayor and the LAS could have wide-ranging benefits for both organisations but, far more importantly, for patients and communities.

The LAS is not a perfect organisation: it will need to do its part in adapting to the future demands that will be placed on it. Crucially, it will need to find ways to engage and re-engage Londoners with the proposed changes to its ways of working. And the LAS should recognise the benefits of a closer working relationship with the GLA group, which shares its aspirations for London's ambulance service to be the gold standard of ambulance services nationally.

Our approach

The Health Committee agreed the following terms of reference for this investigation:

- To examine the key challenges currently affecting the performance of the London Ambulance Service and likely future challenges
- To establish how the Mayor and GLA group can better support the London Ambulance Service to provide a more modern, efficient and effective emergency response service for all Londoners
- To examine mechanisms for making the Service more transparent and accountable to Londoners

At its public evidence session in July 2018, the committee took oral evidence from members of the public and representatives of the London Ambulance Service Patients Forum.

The committee also received evidence from members of the public via the GLA's online discussion platform, Talk London.

At its meeting in public in October 2018, the committee took oral evidence from:

- Garrett Emmerson, Chief Executive, London Ambulance Service NHS Trust
- Heather Lawrence OBE, Chair, London Ambulance Service NHS Trust

References

¹ <https://www.london.gov.uk/moderngov/documents/s7465/LAS%20-%20a%20strategic%20review.pdf>

² The Care Quality Commission is the independent regulator of health and social care in England. The special measures process is designed to ensure there is a timely and coordinated response where the CQC judges the standard of care to be inadequate. The LAS entered special measures in November 2015 and came out of special measures in April 2018.

³ <https://www.londonambulance.nhs.uk/document-search/annual-report-2017-2018/>

⁴ <https://www.londonambulance.nhs.uk/wp-content/uploads/2018/02/Our-strategic-intent-2.1.pdf>

⁵ <https://www.londonambulance.nhs.uk/document-search/our-strategy-2018-2023/>

⁶ <https://www.healthylondon.org/wp-content/uploads/2015/11/Coordinated-consistent-clear-updated-Nov-2017.pdf>

⁷ Patient representative, speaking at London Assembly Health Committee July 17 2018

⁸ Written submission from LAS Patient's Forum, July 2018

⁹ Garrett Emmerson, Chief Executive, London Ambulance Service, speaking to London Assembly Health Committee October 11 2018

¹⁰ <https://www.nao.org.uk/report/nhs-ambulance-services/>

¹¹ <https://www.londonambulance.nhs.uk/document-search/our-strategy-2018-2023/>

¹² Patient representative, speaking at London Assembly Health Committee July 17 2018

¹³ Garrett Emmerson, Chief Executive, London Ambulance Service, speaking to London Assembly Health Committee October 11 2018

¹⁴ Garrett Emmerson, Chief Executive, London Ambulance Service, speaking to London Assembly Health Committee October 11 2018, citing <https://improvement.nhs.uk/about-us/corporate-publications/publications/lord-carters-review-unwarranted-variation-nhs-ambulance-trusts/>

¹⁵ Garrett Emmerson, Chief Executive, London Ambulance Service, speaking to London Assembly Health Committee October 11 2018

¹⁶ <https://www.londonambulance.nhs.uk/wp-content/uploads/2018/02/Quality-Account-2016-17.pdf>

¹⁷ LAS briefing on Mayor's Draft Health Inequalities Strategy, *Better Health for All Londoners*, November 2017

¹⁸ LAS response to the London Plan consultation <https://www.london.gov.uk/sites/default/files/London%20Ambulance%20Service%20%281230%29.pdf>

¹⁹ LAS response to the London Plan consultation <https://www.london.gov.uk/sites/default/files/London%20Ambulance%20Service%20%281230%29.pdf>

²⁰ Garrett Emmerson, Chief Executive, London Ambulance Service, speaking to London Assembly Health Committee October 11 2018

²¹ Paramedic representative, speaking to London Assembly Health Committee July 17 2018

²² LAS response to the London Plan consultation

<https://www.london.gov.uk/sites/default/files/London%20Ambulance%20Service%20%281230%29.pdf>

²³ http://www.ias.org.uk/uploads/alcohols_impact_on_emergency_services_full_report.pdf

²⁴ <https://www.londonambulance.nhs.uk/2016/12/09/getting-drunk-not-game-says-london-ambulance-services-festive-campaign/>

²⁵ http://www.ias.org.uk/uploads/alcohols_impact_on_emergency_services_full_report.pdf

²⁶ LAS response to the London Plan consultation

<https://www.london.gov.uk/sites/default/files/London%20Ambulance%20Service%20%281230%29.pdf>

²⁷ LAS response to the London Plan consultation

<https://www.london.gov.uk/sites/default/files/London%20Ambulance%20Service%20%281230%29.pdf>

²⁸ Garrett Emmerson, Chief Executive, London Ambulance Service, speaking to London Assembly Health Committee October 11 2018

²⁹ Heather Lawrence, OBE, Chair, London Ambulance Service NHS Trust Board, speaking to the London Assembly Health Committee October 11 2018

³⁰ <https://www.londonambulance.nhs.uk/wp-content/uploads/2018/02/Trust-Board-Agenda-and-Papers-27-February-2018-1.pdf>

³¹ Action the trust MUST take is necessary to comply with its legal obligations

³² https://www.cqc.org.uk/sites/default/files/new_reports/AAAH3466.pdf

³³ Garrett Emmerson, Chief Executive, London Ambulance Service, speaking to London Assembly Health Committee October 11 2018

³⁴ Heather Lawrence, OBE, Chair, London Ambulance Service NHS Trust Board, speaking to the London Assembly Health Committee October 11 2018

³⁵ https://www.london.gov.uk/sites/default/files/draft_london_plan_-_showing_minor_suggested_changes_july_2018.pdf (Policy GG5)

³⁶ LAS written submission, July 2017

³⁷ LAS written submission, July 2017

³⁸ https://www.cqc.org.uk/sites/default/files/new_reports/AAAH3466.pdf

³⁹ https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf

⁴⁰ <https://www.londonambulance.nhs.uk/document-search/our-strategy-2018-2023/>

⁴¹ <https://www.londonambulance.nhs.uk/wp-content/uploads/2018/02/Our-strategic-intent-2.1.pdf>

⁴² <https://www.londonambulance.nhs.uk/document-search/our-strategy-2018-2023/>

⁴³ <https://data.london.gov.uk/dataset/employment-rates-by-ethnicity?q=ethnicity>

⁴⁴ https://www.london.gov.uk/sites/default/files/sfl_strategy_final_june_2018_6.pdf

⁴⁵ <https://www.londonambulance.nhs.uk/document-search/our-strategy-2018-2023/>

⁴⁶ Garrett Emmerson, Chief Executive, London Ambulance Service, speaking to London Assembly Health Committee October 11 2018

⁴⁷ https://www.london.gov.uk/sites/default/files/final_social_integration_strategy.pdf

⁴⁸ Garrett Emmerson, Chief Executive, London Ambulance Service, speaking to London Assembly Health Committee October 11 2018

⁴⁹https://www.london.gov.uk/sites/default/files/gla_group_diversity_standard.pdf

⁵⁰https://www.london.gov.uk/sites/default/files/draft_london_plan_chapter_3.pdf Policy D10

⁵¹ <https://www.london.gov.uk/what-we-do/business-and-economy/supporting-londons-sectors/smart-london>

⁵²https://www.london.gov.uk/sites/default/files/smarter_london_together_v_1.66_-_published.pdf

⁵³ <https://www.kcl.ac.uk/sspp/policy-institute/publications/data-for-ambulance-dispatch.pdf>

⁵⁴ Patient representatives, speaking at London Assembly Health Committee July 17 2018

⁵⁵ Garrett Emmerson, Chief Executive, London Ambulance Service, speaking to London Assembly Health Committee October 11 2018

⁵⁶ Patient representatives, speaking at London Assembly Health Committee July 17 2018

⁵⁷ https://www.london.gov.uk/sites/default/files/24_hour_london_vision.pdf

⁵⁸ https://www.london.gov.uk/sites/default/files/24_hour_london_vision.pdf

⁵⁹ Minutes from meetings of the Mayor's Night Time Commission.
<https://www.london.gov.uk/what-we-do/arts-and-culture/mayors-cultural-vision/london-night-time-commission> last accessed 4 December 2018.

⁶⁰http://questions.london.gov.uk/QuestionSearch/searchclient/questions/question_288130

⁶¹ Garrett Emmerson, Chief Executive, London Ambulance Service, and Heather Lawrence, OBE, Chair of the LAS NHS Trust Board, speaking to London Assembly Health Committee October 11 2018

⁶² <https://www.londonambulance.nhs.uk/wp-content/uploads/2018/04/Patient-Engagement-Strategy-2016-2020-final-July-2016.pdf>

⁶³ LAS Patients Forum representative, speaking at London Assembly Health Committee July 17 2018

⁶⁴ Written submission from LAS Patient's Forum, July 2018

⁶⁵ Written submission from LAS Patient's Forum, July 2018 and LAS Patients Forum representatives, speaking at London Assembly Health Committee July 17 2018

⁶⁶ Garrett Emmerson, Chief Executive, London Ambulance Service, speaking to London Assembly Health Committee October 11 2018

Other formats and languages

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Chinese

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Vietnamese

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Hindi

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Arabic

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