

London Ambulance Service NHS Trust

Action Plan for Patient and Public Involvement 2008 - 2012

1. Introduction

The London Ambulance Service NHS Trust (LAS) is fully committed to patient and public involvement (PPI) and aims to involve patients and the public in all key developments and monitoring activities, as well as locally through public education and other activities such as public fairs and events.

"Patient & Public Involvement: The London Ambulance Service Approach" was published at the end of 2004. Since that time there have been a number of changes, both within the LAS and externally. Taking these changes into account, this document describes some of the progress with PPI already made in the LAS, and sets out a plan for PPI developments and activities over the next four years.

2. Background

The Local Government and Public Involvement in Health Act (2007) sets out the requirements and legal duties of NHS trusts to engage with service users and the public in the development, planning and delivery of health services.

The Standards for Better Health (Department of Health, 2004) form a key part of the performance assessment by the Healthcare Commission of all healthcare organisations. In terms of PPI activity, these standards include the requirement for organisations to have mechanisms for receiving patients' feedback and taking it into account when designing, planning, delivering and improving services. Another standard requires organisations to promote, protect and demonstrably improve the health of the community served.

The government's goals relating to healthcare include reducing health inequalities, as well as improving life chances for children, reducing deaths from coronary heart disease and stroke, and improving services for people with mental health problems.

The arrangements for PPI since the introduction of the Health & Social Care Act (2001) have been organisation-based, with each NHS Trust required to have a Patients' Forum, funded centrally via the Commission for Patient and Public Involvement in Health (CPPIH) and supported by a Forum support organisation. Under the terms of the new Local Government and Public Involvement in Health Act (2007), Patients' Forums and the CPPIH were abolished on 31st March. Instead, funding has been allocated to local authorities to establish Local Involvement Networks (LINKs) in each borough with social services responsibilities, liaising with the Overview & Scrutiny Committee, voluntary sector organisations, statutory bodies and local residents.

Although government targets and legislation provide a focus, and some guidance, on Trusts' responsibilities to involve and consult patients and the public, they are not the reason for involving them. It is only by involving patients and the public in a meaningful way that an organisation can provide services that meet the needs and expectations of users and enable them to influence the strategic direction, policies, practices and services provided. As the only pan-London NHS Trust, the LAS is in

a unique position to involve a diverse range of patients and members of the public from a number of different areas and backgrounds.

The LAS will ensure that, where possible, the impact of PPI intervention and influence can readily be demonstrated in its strategy, policies and services.

3. PPI in the LAS - what have we done since 2004?

"Patient and Public Involvement: The London Ambulance Service Approach" set out a series of actions to be taken over a period of 3 years. This section of the document demonstrates achievements against those actions.

<p>Agree the PPI Strategy at Board level and implement the CHI Action Plan points relating to the development of PPI consistently throughout the Trust</p>	<ul style="list-style-type: none"> • PPI Strategy approved • PPI Manager appointed (2005) • Actions arising from CHI Action Plan completed: development of PPI Strategy, establishment of PPI Committee, database of patients and public representatives, database of PPI activity, evaluation processes put in place, orientation of Patients' Forum, use of patient feedback via PALS.
<p>Continue to develop an effective working relationship with the LAS Patients' Forum</p>	<ul style="list-style-type: none"> • Senior managers attend Forum meetings to present information and invite discussion on a range of topics. This gives Forum members the opportunity to influence the Trust on key issues and decisions. • Forum members attend key Trust committees including the Trust Board, Clinical Governance Committee, Patient & Public Involvement Committee, Infection Control Steering Group and the Public Education Strategy Steering Group, to exercise influence on policy and gather information. • An induction programme has been developed for new Forum members. • Ad-hoc meetings have been held - and activities undertaken - to take forward issues of particular interest to Forum members
<p>Develop a model for PPI that can be implemented Trust-wide</p>	<ul style="list-style-type: none"> • A model has been developed, with Ambulance Operations Managers responsible for PPI in their areas, with support from the PPI Manager. • Other corporate PPI activity (e.g. patient involvement in Strategic Plan projects, or in Patient Transport Service developments) is the responsibility of the relevant manager or project lead, with support from the PPI Manager. • A Public Education Strategy has been produced, with the aim of co-ordinating public education activity across the Service.
<p>Develop better partnerships with external organisations</p>	<ul style="list-style-type: none"> • Projects have been undertaken with partner organisations in the voluntary sector (e.g. Age Concern London) • Public Education activity is often undertaken with other statutory and voluntary organisations • Relationships have been developed with local authorities, other NHS Trusts, health networks, local

	PPI networks (made up of PPI leads of other NHS Trusts) and many others
The strategic approach to PPI is embedded within the organisation	<ul style="list-style-type: none"> • Patients' Forum members attend a number of key committees and are often invited to participate in events, workshops etc. • Ambulance Operations Managers are responsible for PPI in their areas. • There is a mechanism to ensure that PPI activity takes place in all relevant projects within the Trust's Strategic Plan. • Individual managers and project leads (e.g. PTS, Clinical Audit & Research Unit) undertake PPI activity with support from the PPI Manager. • Internal bids for funding include a description of how patients and the public will be involved in new projects or developments. • The PPI Manager reports regularly to the PPI Committee, Clinical Governance Committee and (via the Chief Executive's report) to the Trust Board. • A non-Executive Director of the Trust is a member of the PPI Committee.

4. Key issues for PPI within the LAS over the next four years

There have been many developments in PPI within the LAS since 2004, but there is still a great more to be done in order to further bring the Trust in line with the new legislation and with best practice. This section describes some of the context and the external drivers which have contributed to the composition of this action plan.

4.1 NHS Centre for Involvement Review

An external review of the Trust's PPI arrangements was carried out in 2007 by the NHS Centre for Involvement (NCI). This recognised the challenge of undertaking meaningful PPI activity in a diverse city of nearly 8 million people, nearly all of whom will only ever have very occasional and fleeting contact with the LAS, and many of whom will never have any contact with the LAS at all.

After conducting an online questionnaire for staff and partners, followed up by a telephone survey, and supported by written information supplied by the Trust, the NCI made a number of recommendations for improvement. These were:

- The Trust should be better able to respond to community voices, particularly focusing on seldom heard groups and using a range of engagement methods.
- There should be a more consistent approach to involvement across London. Ambulance Operation Managers (AOMs) must ensure front line staff have the time, capacity and opportunity to undertake involvement work. There should be engagement of intermediary organisations in the community.

- There should be a more devolved model of involvement. The NCI felt that the central PPI team was a model of good practice, but this may have led to overdependence on this team by others in the organisation. Leadership in PPI needs to be developed at all levels in the organisation.

To achieve these over-arching recommendations, the NCI suggested:

- Making involvement a 'must', which could be achieved in a number of ways:
 - (a) A culture of involvement needs to be established from the top of the organisation, ensuring that involvement is a priority. Board discussions and decisions should routinely consider the views of patients and the public. Senior managers must visibly demonstrate their commitment to PPI.
 - (b) Performance management arrangements need to be sharper, with the focus on national targets not having a detrimental effect on other, 'softer', activities such as involvement.
 - (c) Local management teams should be regularly assessed in relation to involvement priorities and goals. Performance management and accountability arrangements are essential to successful involvement. This would also provide an opportunity for local complexes to think about what realistic and achievable involvement targets might be.
- Remove barriers to local involvement work: there needs to be a corporate commitment to supporting local teams and front line staff to do dedicated involvement work. There are three key ways in which this might be achieved:
 - (a) Staff time needs to be freed-up for participation in involvement work.
 - (b) Staff participation needs to be supported by appropriate training and development opportunities.
 - (c) The LAS needs to enhance its communication around involvement activities, so that the whole Trust knows about the involvement work that is going on, and how this makes a difference to the service and those who use it.
- Develop the role of Community Engagement Officer, to support local staff to better engage with their communities.
- Get ready for Local Involvement Networks (LINKs). The fact that LINKs will be based around local authorities provides both a challenge and opportunity. A decentralised model would provide the chance to develop local partnerships.

4.2 Patient & Public Involvement Learning Event

A Learning Event was held following the NCI review, attended by LAS staff, colleagues from partner organisations and members of the LAS Patients' Forum. The event included facilitated table discussions, based on the findings of the NCI review. Participants then had the opportunity to emphasise or prioritise ideas either from their own group discussion or from those of the other groups. Some key priorities emerged, including the development of local PPI leads, working with partner organisations, and improving communication about PPI activity.

The ideas identified at the event have been incorporated into this action plan.

4.3 Ipsos-MORI Public Opinion Research

In 2006 the LAS commissioned Ipsos-MORI to conduct some research into Londoners' perceptions of the organisation. This included a quantitative telephone survey, discussion groups with different groups of the general public and in-depth face-to-face interviews with homeless people.

The research covered the following areas:

- Trust in, and satisfaction with, clinicians
- The role of the LAS
- Expectations and experiences of the LAS
- Communications
- The changing role of the LAS

Some of the research findings indicated a need to increase public awareness through public education. For example:

- More people said they would call 999 for an ambulance for a woman who was due to give birth and went into labour than the number who would do so if they were experiencing the symptoms of a heart attack
- Two thirds of respondents thought they would be treated more quickly in hospital if they arrived by ambulance
- 10% did not know the Service is part of the NHS
- 25% thought that ambulance staff are based at hospitals
- 20% did not know the ambulance service is free
- 57% expected a paramedic to respond to a 999 call. Terms such as "Emergency Medical Technician" and "Emergency Care Practitioner" were not recognised by Londoners.
- 58% of respondents did not feel informed about the LAS. 62% said they had heard nothing about the Service in the last two years, despite extensive media coverage at the time of the London bombings in 2005.

Other findings identified a lower level of satisfaction with the Service within some communities than in the general population. In particular, Bangladeshi people reported lower satisfaction with LAS staff than the 91% satisfaction reported overall. As a result of this finding, a project involving the Bangladeshi community in Tower Hamlets was initiated later that year.

The findings of the research have been incorporated where appropriate into the Public Education Strategy, and will be included in the Service's future PPI activity and service developments. The findings will be used as a baseline against which future research can be measured.

4.4 Local Involvement Networks (LINKs)

As described in Section 2 (page 1), and mentioned by the NCI in their recommendations, the PPI structure changed nationally in April 2008.

The LAS hopes that LINKs will provide an opportunity for increased networking possibilities, with greater engagement with community organisations (especially special interest groups) and social care organisations. Having relationships with the 32 LINKs in London will also form a strong basis for recruiting patients for PPI activities, and members for the Foundation Trust. Consulting LINKs, or LAS staff getting involved with LINKs, will provide good evidence of the engagement which is required under the new Act.

The new arrangements are likely to have a considerable impact on the delivery of PPI activity in the LAS, and are therefore seen as a key driver for the activities described in the action plan.

4.5 Foundation Trust membership

Ambulance Trusts will be able to apply for Foundation Trust status from April 2009. In March 2008 the LAS Trust Board decided to apply. The LAS will develop its membership arrangements during 2008, as Trusts must be in a position to hold elections as soon as they have achieved Foundation status.

Establishing a membership which is representative of Londoners will be a challenge, and will require significant resources. It is therefore another key consideration within the action plan during the first two of the next four years.

4.6 Healthcare for London

Healthcare for London, the review of NHS services across the capital, will also have a significant impact on the LAS and its PPI activities.

The LAS position on reconfigurations is that the organisation is prepared to support the changes as long as the proposed changes will bring about demonstrable improvements for patients, extra resources are allocated and the information provided by the Trust is taken into account.

As the public consultation takes place during 2008, the LAS will continue to engage in discussions with the public and other NHS partners. Local managers will continue to be involved in discussions in their areas about the role of the LAS - now and in the future - and about any challenges that reconfigurations will present. The LAS will provide information and reassurance when necessary, and will explain how

the organisation's strategic direction is consistent with the reconfiguration proposals, e.g. taking patients to the most appropriate destination for their care.

The organisation's PPI activity will reflect the key messages arising from any future NHS reconfigurations as they take place. Although the responsibility lies with PCTs for consultation on the changes, the LAS will continue to engage in public events and activities related to these changes.

5. PPI activity 2008 - 2012

There are three main components of this action plan:

- Continuation of what has already been established, including ongoing projects. This ensures that the organisation is meeting the requirements of the Healthcare Commission and other monitoring bodies.
- Developments to improve how PPI activity is coordinated, recorded, evaluated and supported within the LAS. These will increase the Trust's ability to report and communicate PPI activity, and the service improvements that come about as a result, both internally and externally. Staff involved in PPI will be better supported in this activity and their confidence and expertise will increase.
- Developments to ensure that the LAS is engaged with strategic changes in the external environment. Through engaging with LINKs, and with the likely changes and reconfigurations across the NHS, the LAS will ensure that the needs of its patients continue to be met. Taking a visible role in these developments will increase the opportunities to engage with the wider general public and will ensure that the LAS is seen as an NHS organisation with a key role to play in the health of Londoners.

5.1 Continuation of existing systems and current projects

- Continue to report regularly to PPI Committee, Clinical Governance Committee and Trust Board.
- Maintain databases of PPI activity and of patients / the public involved in it.
- Maintain database of LAS staff interested in PPI and public education.
- Continue to support LAS colleagues organising and taking part in public events, e.g. use of risk assessments / event plans, provision of display materials.
- Ensure patients and the public continue to be represented on LAS committees.
- Work closely with the Patients' Forum Ambulance Services (London) Ltd., continuing the relationship already established. This includes providing meeting rooms, encouraging station visits, involvement in committees, projects and public events.
- Ensure PPI activity is in line with the Service Improvement Programme (SIP), e.g. access for deaf people, and that patients are involved in relevant projects.

- Support the introduction and development of the Community Involvement Officer role on ambulance complexes as part of New Ways of Working.
- Continue the Tower Hamlets (Bangladeshi) project, ensuring key outcomes / developments are communicated.
- Continued patient involvement in Patient Transport Service developments, based on the findings of the initial conference (May 2007).
- Continue implementation of the Public Education Action Strategy, taking into account the findings of the 2007 survey and public education workshops.
- Increase involvement of AOMs and local management teams in PPI and public education.

5.2 **Developments to improve coordination, recording, evaluating and supporting PPI within the LAS**

- Ensure events are properly planned (including aims and objectives), involve the right people, and that de-briefs take place afterwards.
- Continue the development of a borough-based PPI model, with local teams liaising with LINKs, PCTs, voluntary organisations and patient groups.
- Ensure PPI becomes a Trust priority by encouraging Board members, senior managers and others to become visible champions of involvement.
- Remove barriers to local involvement work: ensuring that local management teams are held accountable for engaging with local people, and are supported by the organisation to do so.
- Introduce a PPI bulletin to communicate PPI activities across the Trust.
- Build on existing networks for PPI leads across ambulance services nationally and other Trusts in London.
- Develop mechanisms to prioritise PPI activity, based on e.g. health needs, the number of people affected, government priorities, public feedback.
- Develop a common reporting system for PPI and public education activity, including evidence of evaluation and priority audiences reached.
- Produce a calendar of PPI opportunities in ambulance station complex areas (to encourage forward-planning).
- Ensure that PPI activity is evaluated appropriately, according to the nature of each activity. This should include an evaluation of the impact of the involvement.
- Improve the organisation's understanding of the challenges faced by external organisations and individuals that wish to engage with the LAS. Develop an understanding of any barriers to involvement and help individuals to develop the knowledge, skills and understanding they require to help them engage.

5.3 Responding to the external environment and strategic changes

- Create closer links with other pan-London organisations e.g. NHS London, GLA.
- Introduce a local model for LAS involvement in LINKs, with local management teams responsible for engaging with the LINKs in their areas.
- With the Patients' Forum, consider the development of a pan-London Forum of LINK members, to share information and consider London-wide issues.
- Consider the introduction of a service user forum for each ambulance station complex.
- Prepare the membership arrangements as part of the LAS application for Foundation Trust status.
- Identify risks / issues raised by patients and the public and report them to the Complaints Committee, PPI Committee, Clinical Governance Committee and Trust Board for action.
- Ensure that issues affecting London as a whole, or large numbers of patients and the public, are addressed in partnership with other organisations and by involving patients and the public in those developments, e.g. developments within Patient Transport Services, hospital reconfigurations, patients with long term conditions, major incident management and the Olympics.
- Adapt the model of involvement to better respond to community voices, developing a more sophisticated approach to obtaining patient feedback.

6. Summary

The new PPI Action Plan sets out the Trust's legal obligations and responsibilities as an NHS organisation to conduct PPI activity in a meaningful and consistent way, so that the service it provides meets the needs and expectations of its users, but also so that it can learn from them and include them in its strategic and service developments. Using evaluation techniques for different PPI activities will ensure that, where possible, the impact of the PPI intervention can be measured.

It is a challenge to do this effectively in a large, diverse city with a population of nearly 8 million people. However, the diversity and size of London also presents the Trust with an opportunity to make a real difference through its PPI activity, both to patients and carers, partner organisations, staff, and across PPI networks in London and nationally.

In order to do this effectively, the commitment to PPI throughout the organisation must be maintained. The need for local LAS staff to be engaged in PPI and public education activity will increase as the model for PPI nationally becomes a borough-based one, rather than an organisation-based one. The introduction of Community Involvement Officers and LINKs will greatly improve the Trust's capacity in this area, giving the organisation increased opportunities to engage widely with patients, the public, statutory and voluntary sector organisations.

The activities within this plan range from continuing existing projects and systems to developing new ones, to fit with the organisation's needs and the needs and expectations in the external environment. The NHS environment is likely to change significantly in the next four years, and at the moment it cannot easily be predicted what our priorities and activities will need to be at that time. The plan will be reviewed regularly to ensure it remains current and responsive to change.

In their report on their assessment of the Trust's PPI activity, the NCI stated that:

"Our work with the LAS has shown that the organisation is doing a wide range of excellent involvement work – more than might be expected of such a large, complex, performance-driven emergency service.

The key strengths include a well-developed central PPI team that works well with other corporate teams, such as the diversity team and with those leading public education. Solid involvement structures, systems and processes ensure that involvement work is linked to other governance structures and the Board. There are often good central-local links with frontline staff and locality teams committed to responding to community needs. The PPI Forum makes a challenging and constructive contribution to strategic level work."

This is clearly extremely positive, but more now needs to be done to meet the needs and expectations of patients, the public, the Patients' Forum, LINKs, Overview & Scrutiny Committees and regulators. It is hoped - and expected - that the activities included in this plan will ensure that PPI in the London Ambulance Service is taken to the next level.

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