Strategy development: Feedback from patient and public representatives in 26 London boroughs

London Ambulance Service
NHS Trust

Summary

LAS is in the final year of its current Trust Strategy and currently engaging stakeholders on the next one, which will describe the organisation's vision and goals for the next five years. As part of this, we wanted to ensure the voices of the public and patients we serve, from all communities in London, were heard.

As part of the development of the Trust Strategy, we invited every local Healthwatch in London to provide input to shape a new organisational strategy for 2023-28 to ensure that we have heard as many of the publics' voice as possible.

To facilitate this, we offered all London Healthwatch organisations a flexible funding pot (£5,000) to enable them to carry out engagement activities that will inform their response. 26 Health watches took part, covering all 5 ICSs, and included reaching out to over 2,110 participants of the public.

The 26 Healthwatch organisations utilised their experience and knowledge amongst local communities to engage participants in feeding back on LAS. Their unique regional knowledge meant that we had the opportunity to hear back from a number of diverse communities using a number of different methods, and engage voices in the development of the strategy that may not have otherwise been heard.

The project brief to the local Healthwatch organisations was designed to be as flexible as possible to allow for them to utilise their community awareness, although a framework was provided in the form of five questions we were particularly interested in. We also requested to receive feedback on any issue patients or the public wished to raise that were not covered within this framework.

We found that there were areas of best practice highlighted consistently across the majority of Healthwatch boroughs, for example, the professionalism of our frontline paramedics. We also found areas for improvements suggesting the need for a pan-London approach to any improvements we wish to make.

This document will summarise the findings of the 26 Healthwatch reports in more detail, and make the recommendations for next steps to ensure the learning is embedded in the next trust strategy.

As a valued local health and care system partner, we are grateful for the opportunity to design improvements based on their recommendations, to create long and sustainable change within LAS, and build a shared understanding of our patient needs and the system challenges that are faced amongst the population.

"We're delighted that over three quarters of local Healthwatch in London were commissioned by the London Ambulance Service to speak to and listen to those who live and work in London about their views on the service. This shows the Service takes people's views seriously whilst acknowledging Healthwatch are best placed locally to capture people's views, leading to a direct contribution to the development of the Service's new strategy." *Louise Ansari, National Director, Healthwatch England*

Introduction

The purpose of this project was to ensure that the public and patients' views and experiences were gathered and acted on in order to shape and improve the services and culture of LAS - ensuring it is reflective of the city we serve.

Due to the complexity of being a pan-London organisation, it is was felt that in order to accurately reflect the patient view, we would need to engage with Healthwatch organisations, as a health and social care champion and independent and impartial voice for the public and patients.

We attended a regional London Healthwatch meeting in October 2022, to explain the concept of the project, and determine if this was achievable. Following positive engagement, a project brief was created and shared amongst all 33 local Healthwatch organisations. The brief offered for a member of the strategy team and Advanced Paramedic, to attend local Healthwatch organisations to answer any questions that the public may have, before completing the feedback.

26 Healthwatch organisations chose to partake in the project, and we were subsequently invited to participate in three local Healthwatch meetings, where a short presentation was delivered and a question and answer format.

We also proactively engaged with diverse groups, such as the Barts Health Interfaith network, who feedback concerns about waiting times, and reminded us that local organisations can assist with cultural competencies as well as recruitment of diverse communities. They recommended that the role of carers is included in the strategy to recognise the caring role as a valuable resource.

Method

The local Healthwatch organisations used a range of approaches to engage the public, utilising both online methods and accessible formats. The project took place from the beginning of November, to the end of January. Within this timeframe, well over 2100 participants[1] took part, with the majority completing online surveys, with one Healthwatch achieving almost 500 responses.

For a full analysis of Methods used, please refer to the individual Healthwatch reports.

The questions asked were:

1. **What is LAS getting right?**
2. **How can LAS improve emergency care?**
3. **How can LAS enhance urgent care?**
4. **How should LAS work with other parts of the healthcare system to improve care for patients?**
5. **How can LAS do more to contribute to life in London?**

The information in this report, adds to the information we gather through clinical networks and patient groups through our speciality leads, to embed examples of best practice and share learning across the organisation. This engagement make take the form of meeting healthcare professionals to discuss patient needs, for example, through our maternity team, or directly engaging the public through our Patient and Public Council.

The finalised Healthwatch reports were returned to LAS at the end of January. The reports varied in format, reflecting the diverse methodology used to engage the local public. For examples of best

[1] Not all numbers of participants were provided, and therefore the total is likely to be higher.

practice, we would recommend reading the reports from Havering, Camden, Croydon and Hillingdon.

Demographics

The project brief (appendix A) encouraged the views to be sought from all parts of the community, particularly those from a range of ethnic and socio-economic backgrounds which we know is needed in our ambition to understand and reduce health inequalities.

We were pleased to see that the majority of Healthwatch organisations actively involved local community networks that had been created to provide a voice to members of the public with protected characteristics, complex social needs and diverse cultural backgrounds. In particular, Healthwatch Camden engaged a Patient and Public Engagement Group, a local African community group, women's mental health centre and health inequalities group, highlighting the utilisation of local knowledge in order to reach as many patient voices as possible.

Additionally all Healthwatch organisations provided a clear breakdown of the demographics they reached within the project, which we recommend reading for a full analysis.

Findings

"The first thing to note was that most participants were overwhelmingly supportive and appreciative of the service. The conduct and expertise of crew members were highly regarded, and response times were generally thought of as reasonable in all the circumstances of the NHS as it currently reacts to winter and other pressures." – *Healthwatch Havering*

What is LAS getting right?

Our clinicians are caring and professional

Healthwatch organisations across London have repeatedly praised our workforce. Our frontline workforce are our biggest asset, and have been described by participants as friendly, warm, reassuring, helpful, and knowledgeable. Their technical skills were also praised in reports, particularly around clinical assessments, knowledge and good situational awareness. Examples of best practice for specialist patient groups were given; sensitivity around patients with substance misuse (Croydon), learning disabilities (Harrow) and patients in care homes (Havering).

Some reports noted that the attitudes of the workforce was were hugely important to patient experience with key factors including making the patient feel at ease, demonstrating dignity and respect, valuing privacy, and communication that clear and easy to understand. This also applied to the call handlers, who made a positive patient experience when providing clear instructions and waiting on the phone with the patient.

"Staff are found to have been caring and considerate, with a professional and hard-working approach - regardless of the pressures." – *Healthwatch Harrow*

Some praised the speed of response.

In several reports, response times for both 999 and 111 received positive feedback where the waiting time was short. However it must be noted that the majority highlighted that longer response times negatively impacted on the patient experience, and this is covered in more detail later. A few Healthwatch organisations outlined the recognition participants had for the challenges that the LAS faced in responding to calls, and the contributing factor this as for wait times.

"While 86% of the respondents indicated that they were happy with how long the ambulance took to arrive, others felt they waited too long". – *Healthwatch Barking and Dagenham*

Delivering a service whilst facing wider system challenges.

Some reports highlighted that the service is good, and recognised the impact that external challenges can have in its delivery, including how it is utilised, wider patient flow issues in hospitals, and the capacity of emergency departments. LAS were praised for balancing the operational requirement, with the patients' needs in these instances.

"We hear that staff have been supportive throughout the experience, attentive in the ambulance and remaining with patients until handover to hospital colleagues. This level of ownership and commitment is greatly valued, particularly by more vulnerable patients – who have been 'comforted and reassured' while waiting at busy emergency departments." *Healthwatch Harrow*

How can LAS improve emergency care?

Increasing funding for the Ambulance Service

Several reports referred to the need for better funding for the Ambulance Service, to enable greater capacity and resources to meet patients' needs. It was felt that with additional funding, waiting times would reduce and support for patients would increase, by allowing for more vehicles, improved equipment and more trained clinicians.

It was acknowledged in some of the reports that without increased funding, some of the recommendations made for service improvements may not be able to take place, but by expanding the funding and resources of LAS, there would be a greater capacity for innovation.

"When patients were asked how 999 and LAS emergency care could improve, patients strongly supported increasing capacity to better meet demands and improve service provision. People recognised and experienced issues in the service and the large majority feel more resources are needed." *Healthwatch Bromley*

Improving partnerships with hospitals

Participants also expressed awareness around handover delays, and insight into how this affects service delivery on a daily basis. It was suggested that handover paramedics based at hospitals could help reduce the queue of ambulances outside emergency departments, and therefore provide extra resources. With the introduction of the 'Patient Flow & Hospital Delay Escalation

Framework and Implementation of Cohorting', it is believed that patients should see marked improvements on this in the short term future.

Some Healthwatch organisations reported patients feeling like the ambulance was treated like an additional emergency care cubicle, with others expressing concern that the ambulance clinicians were unable to attend any further calls whilst held at the hospitals. Instances such as the Ambulance Receiving Centre (ARC) at Queens and REACH initiatives were highlighted as best practice.

"Many patients spoke about the length of time spent waiting at the hospital if taken there by ambulance. This would either be inside the ambulance or within the corridor, or in many cases both. A particular concern was the fact that since paramedics had to stay with patients while waiting, they were then unable to attend other calls." *Healthwatch Brent*

Improving skills to treat more patients at home

There was a desire to create more alignment with community services, and increase the use of appropriate care pathways to allow for patients to be treated at home and avoid long waiting times in emergency departments. It was recommended that this could be achieved with upskilling paramedics to be able to provide more health and care interventions at the scene, such as the ability for clinicians to administer a greater range of drugs (in particular, pain relief medications and antibiotics) and book follow up appointments with GPs or other NHS providers.

It was also felt that increasing the number of specialists within the ambulance service, for example, mental health nurses, 'emergency' and 'non-emergency' clinicians, and substance misuse specialists, could greatly benefit the organisation. Particularly for patients with complex needs that may not be covered within the standard paramedic scope of practice.

"(sic) participants felt that they could have been offered more choice in terms of next steps in their care, for instance being treated at home or making their own way to A&E rather than waiting for a taxi provided by LAS." *Healthwatch Greenwich*

Engaging patients in co-developing and improving services

There is a strong desire for regular patient feedback on LAS services, to make sure the patient is co-developing the future of the London Ambulance Service. The launch of a patient feedback system at the point of care was felt to be the most effective way to implement this.

It was also felt that the positive feedback from any initiative should be fed back to the crews as a priority, to increase trust between the paramedic and public, as well as improve service delivery.

There were a number of practical suggestions around how the patient experience could be improved, for example, information sharing between healthcare professions so that medical histories can be informed by patient records, rather than recollections of patients who may be in distressing and uncomfortable events. These suggestions need to be take on to form practical service delivery plans, to ensure that patients are involved in co-developing and improving services.

"Communicate positive feedback to paramedic teams, as gaining trust and generating a context of safety in [an] emergency is a highly skilled and valuable quality of the service" *Healthwatch Redbridge*

Improving communication training to meet the diverse needs of patients

It was suggested that frontline clinicians may benefit from better communication training in providing care for adults with additional needs, such as disabilities or neurodiversity. Participants who identified as these categories, found communicating with members of LAS especially difficult, particularly where their first language was BSL, Makaton and/or international. It was suggested that improvements in technology could assist this, and provide added support to both the patient and clinician.

It was also noted that better training on neurodiversity is required for call handlers, when talking to potential patients with learning difficulties to improve access to emergency care. It was recommended that it may be beneficial to have a flag on these calls, to allow for all members of LAS to be aware that they may need to adapt the way they communicate.

There is also a need to improve the way we work with patients who may have an unpaid or young carer, and their involvement in the patient journey. Carers requested that their knowledge and experience should be respected, and that they are included in all communications with the patient, as their primary caregiver. This was also reflected in the engagement activity that had taken place with the Barts Health Interfaith network, who reiterated that valuable resource that carers provide, and the asset they are to out of hospital emergency and urgent care.

"Service users have asked for LAS staff to have increased training on neurodiversity so that neurodivergent people have easier access to LAS services" *Healthwatch Lewisham*

Bettering the initial call handling experience (999)

Concern was expressed around the initial triage of the call, with some participants feeling that where the outcome of the call had not been as expected, they had little to no information about where they could seek onwards treatment. It was recommended that sign-posting could be improved at this point of contact, as well as clear communication about how decisions are made.

There was mixed feedback on the experience of the patient whilst being triaged, with some reports describing a somewhat negative experience. It should be noted that there appeared to be different expectations around what the caller expected, and service delivery, during this point of the process in calling 999.

"There was mixed feedback about the quality of care provided by call handlers for 999 and 111. Some of the people we spoke to had called 999 or 111 on behalf of a loved one, and needed advice or reassurance while waiting for services to arrive. When this was received it left a very positive impression and greatly added to overall satisfaction. However, in other cases the attitude of the call handlers left callers feeling that their needs weren't being listened to." *Healthwatch Brent*

Keeping patients informed of wait times (999)

The length of time waiting for an ambulance was a consistent area recommended for improvement. Several reports suggested increasing communication methods with patients to keep them updated on the status of the ambulance, and advised that this would decrease the unease felt by the patient, in not knowing when an ambulance would arrive. There was also the suggestion that it would decrease the need for the patient to call back to obtain further information.

"Communicate realistic times with service users, so that people are aware of how long they are likely to wait. This would help reduce concern and anxiety" *Healthwatch Croydon*

Increasing public education, engagement and awareness (999)

Many reports referenced the need for better public education, awareness and engagement on what constitutes an emergency, with real-life examples. Of particular note was clear and concise explanations of what is defined as an 'emergency' as opposed to 'urgent'. There was also the suggestion that greater transparency over the internal process may help the public better understand what and when to expect to dial 999.

It was suggested that any public education should also target focussed demographics, including hard to reach communities and those who may speak English as a second language, but still require a greater understanding of what constitutes an emergency. The need for information to be shared in other languages was reiterated in multiple reports. Given the diversity across London, the accessibility of information provided on how to get emergency treatment, does not reflect the communities we serve.

College age participants noted that information about emergency services, urgent care and the difference between 999 and NHS 111 is not taught in educational institutions.

"There is a clear need for informing the public what services are available to them, and when it is appropriate to access those services. This should extend to local community assets and 3rd sector services and should include more information about the delineation between urgent and emergency care." *Healthwatch Hillingdon*

How can LAS enhance urgent care?

Expanding and redefining the purpose of 111

Several of the reports fed back that participants felt the purpose of 111 needed to be redefined; the consensus being that you call 111, to avoid calling 999 or attending the emergency departments as it is not a life-threatening emergency, but often are sign-posted back there. By increasing the scope of what 111 are able to offer, for example, home or outreach visits with healthcare and specialist clinicians, and improving the triage by employing more experienced clinicians, there may be fewer instances of patients being referred unnecessarily to 999 or hospital.

Is was also suggested that a greater awareness of local health and social care provisions would allow for non-emergency demand to be spread out across the UEC pathway. In particular; community, voluntary, out-of-hours and faith services were recommended.

It was also suggested that working more closely with primary care partners, such as GPs, would allow for patients to be referred to the correct place to see medical attention for minor issues. Participants' feedback positive experiences where they were able to obtain a GP and dental appointments through the 111 service.

"Some people felt 111 was helpful for getting dentist and GP appointments. 111 can be improved by better triage, providing doctors for outreach visits, transferring 999 calls to 111, having more skilled and trained operators." *Healthwatch Haringey*

Easing the patient experience of 111

Participants highlighted the disparity between the operability of the 999 and 111 process. Attention was drawn to the inability to transfer calls and patient records between the two systems, but also within the 111 pathway. Instances were given of duplicated questions when speaking to a clinician through 111 and the desire that their patient records be made readily available to all parties.

It was noted that by sharing patient information, the 111 workforce can empower patients to determine what service they should call, and therefore reducing the demand on the service.

There were suggestions that further training could improve the quality of the call, for example, in clear communication for reasoning behind outcomes for treatments, where to seek alternative treatment, and self-care.

"[For] 111 and 999 [to] be reviewed to see how improvement in technology could support a way of transferring patients between each other, to create a possible 'Single Point of Access' model." *Healthwatch Merton*

Keeping patients informed of wait times for clinical call backs

Of concern was also the varying wait time for call backs from a clinician, particularly where the clinical reasoning for the call was felt to be urgent. Patients were quoted as having to call 999 due to the lack of response.

It was suggested that increasing the number of doctors providing the 111 call backs, could reduce the wait time, and have an indirect impact on the number of patients having to seek emergency treatment elsewhere.

"The majority of patients believed shorter waiting times at NHS111 and better communication between services would have resulted in more efficient and high quality treatment. Many respondents reported being required to wait for a long time to reach a call handler, which they found stressful and inconvenient…" *Healthwatch Richmond upon Thames*

Making 111 more responsive to the needs for those who identify as elderly, disabled or neurodiverse

It was noted in the reports, that the pre-triage automated processes is not user friendly for patients unfamiliar with the process, or neurodiverse people. It was recommended that these patients would benefit from direct access to a health advisor.

Further to this, it was suggested that the lengthy triage process for the elderly and hearing impaired can negatively impact the patient experience. Recommendations to improve this were based around suggestions of a text based service or patient advocate to help explain medical decisions.

One report noted that they found the 111 online system to be used more frequently by younger persons, and that information sharing needs to accommodate those who may not have the support in place to seek information online (Hillingdon)

"Adapted consultations for those having impairments is imperative to improve peoples' experience with the service, for example, for phone consultations with those that have

hearing impairments and translator system in place for those with English not being their first language. The use of technology could help in providing BSL live interpreter and video interpreters in every language to ease patients and enable medical professionals to explain decisions that they are making." *Healthwatch Camden*

Increasing public education, engagement and awareness (111)

There is a desire for greater information on the service patients may receive, particularly around the prevention of hospital admissions due to alternative pathways and services. More public education around when to call 999 or 111, and the possible outcomes of these calls was recommended as a way to mitigate some of the confusion. It was also recommended that any public education include the definitions of commonly used terms such as 'minor injuries' and 'life threatening', with one report highlighting that these definitions often vary depending on the person, the length of time and consequence of the injury (Croydon).

It was also noted that any public education needs to be provided in alternative formats, including plain English, easy read, short information films and translations into other languages. One Healthwatch report highlighted the opportunity to work with community groups to ensure that people coming into the country have easily accessible information provided to them. This was reinforce with our engagement meeting with the Barts Health Interfaith network, who feedback the challenges around language barriers, and the need for translation services, or training for migrant communities.

There was also a desire to understand how NHS 111 or 999 work in more detail, and particularly the scope of the role for members of the workforce at each stage of the process. It was noted that this is a gap in the current social knowledge of the NHS, when it comes to the LAS, and the scope of the ambulance service.

There was a recommendation to hold community events and feedback on any service changes resulting from engagement.

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

How should LAS work with other parts of the healthcare system to improve care for patients?

Experience in Emergency Departments

Several reports acknowledged the difficulties in the acute sector as having a factor on the wider healthcare system. It was expressed by some, that an improvement in waiting times within the hospital emergency departments would improve the care of the patient, and alleviate some of the system pressures felt in other places across the NHS.

Recommendations for waiting times to be displayed on screens visible to the patients, was felt to be a step towards enhancing the patient experience, by keeping them informed and improving the relationship with the administrative staff on scene.

A few reports highlighted that participants felt developing the social care system and providing continuing care for elderly patients would greatly support the ability for hospitals to admit patients more quickly, whilst others felt that reducing waiting times for patient transport from the hospital to home would also benefit the patient flow through the hospital.

It was also recommended that system partnership with emergency departments should extended to supporting hospitals to feedback to paramedics when they believed that ambulances had been used in appropriately as transport, and mitigate some of the unavoidable conveyances.

"Long waiting times when being transferred from the ambulance to the hospital was the biggest area of concern identified in our research." *Healthwatch Westminster and RBKC*

Become more integrated with primary care services

System integration with primary care was raised in several reports, as a way to improve the patient experience of both GP and LAS services. The ability to get a GP appointment, especially at weekends or in the evening, was seen as a contributing factor as to whether a participant would call 111 or 999. It was recommended that by increasing the capacity to book an appointment and the availability of appointments, would decrease demand on other parts of the UEC pathway. There was a desire for the 111 system to allow for direct booking into GP or other healthcare services, or an overflow service, to avoid the multiple contacts patients currently have to make or reliance on emergency care for a response.

Within this question, it was also reported that participants felt the detached processes around 111 and primary care led to in confusion in advice from healthcare professionals, clinical assessments and information sharing. It was recommended that collaborations take place between the LAS and GPs to ensure continuity of patient care, unified systems to access records and a simplified service for patients to use.

Education in primary care was also a theme that emerged from a few reports. It was proposed that collaborating with GP practices around patient information and engagement sessions may benefit the patients, as well as educating healthcare professionals on when to call 999, and when to advise the patient to do so.

To increase capacity and availability of appointments, there were recommendations to increase the number of paramedics currently supporting primary care networks, or the creating of a GP walk in service, to allow for same day care.

"The main focus of these answers reflected on how the LAS could build better communication with GP services so that service users will not need to repeat medical information that is already on record. Consequently, this will cut down waiting time for both the service user and LAS and result in the service running even more efficiently". *Healthwatch Tower Hamlets*

Create more integrated mental health, social care and community services

Parallel to the recommendation for integrated primary care, the need for LAS to integrate with other healthcare providers in the community and specialist services, was also reported. Particular attention was focussed around mental health partners, social care and community care services.

It was acknowledge in multiple reports that to do this would require a greater local knowledge from LAS of the services offered in each borough, as well as working closely with other organisations to help ensure consistent messaging across the services.

Recommendations were;

- Mental Health services
    - There was a recommendation for more training for the LAS workforce on the availability of mental health services and pathways, such as crisis lines.
    - A need for more mental health pathways was expressed, particularly those that were open 24 hours a day, 7 days a week.
    - A referral pathway into a mental health hospital, as opposed to the emergency department, for patients who require emergency mental health care.
    - Working with mental health partners to improve training within the police service, on how to appropriately treat someone having a mental health crisis.

- Community service
    - Increase communication around the range of community-based support services that can offered, for example, detox groups, wider support groups and social prescribing services.
    - It was recommended that LAS may benefit from greater local community engagement, and gathering local intelligence about specific community health and care needs, for example mobility issues and substance misuse. In doing so, there was a recommendation that the healthcare system would be in a position to scope and utilise existing and potential future services, and avoid inappropriate use of urgent and emergency services, such as alcohol recovery units for intoxicated patients.
    - It was also suggested that partnership working with community service could allow for an educational opportunity of when professionals need to call 111 or 999 on behalf of a service user.

- Maternity services
    - There was a recommendation to engage further with community maternity teams, to reduce inappropriate conveyance of maternity patients to hospital.
    - There was also the suggestion of specialised maternity teams to assist in at home childbirths.

- Social care services
    - Increasing awareness within LAS, and communicating this to patients, of other services that could inform patients about or give information, similar to social prescribing, directing them to additional local services or suggesting how to access these non-medical services, especially utilising time delays.
    - Increasing links with social services, local authorities and the voluntary sector, to allow for increased support for high intensity users, thereby reducing the number of inappropriate calls to 999, and providing the patient with information about social prescribing and other support networks that could be accessed.
    - It was suggested that dedicated facilities for older people to receive support once discharged from hospital may reduce the need for them to dial 999 for support.
    - It was also recommended that improving the pathways for LAS to access or refer to a social worker or key worker on behalf of a patient may assist a patient who is in need of support but does not require emergency health care. "

- Other specialist services
    - There were a number of recommendations from other reports, for specialist services for cancer patients, dental care, the elderly and palliative care.

"The patient journey can begin with LAS but may not end there. We need to understand where we can best work with other parts of the health and care to ensure patients to get the right care, in the right place at the right time. For example, working with mental health providers, GPs, or the voluntary sector." *Healthwatch Barking and Dagenham*

Improving care for patients with multi-disciplinary teams

It was noted that some patients require healthcare from multiple services, whether on a temporary basis for example, maternity or for complex healthcare needs. Several challenges were raised to the access of patient records in these cases, and recommendations to improve information sharing to enable appropriate clinical decision making, correct treatments, and improving onward care of the patients. There were practical suggestions around sending patient records to emergency departments whilst the patient in being conveyed, linking electronic patient records, and ensuring GP had copies of any patient care episode.

Further to this, some reports highlighted that there are system improvements to be made in care plans for complex patients, with some participants feeling that patients with complex problems should all be allocated a key worker and have a MDT care plan in place, so if they have exacerbation of chronic symptoms then the care plan can be initiated by all of the MDT.

Reports also suggested that where there is a multi-agency approach, a standard could be set for the next agency to follow-up with the patient within a set time scale.

"To streamline care and minimise patients repeating themselves, it would be useful to have a collaborative computer system with shared access to medical records and medications, and to embed an urgent access support line to send patients' medical records to emergency departments in hospitals whilst patients are being transported by the LAS". *Healthcare Camden*

How can LAS do more to contribute to life in London?

Ensure appropriate training or support is in place to eradicate racial biases and promote equality.

The Healthwatch reports highlighted that some participants felt it was important to ensure that there is appropriate training put in place for the LAS workforce, to raise awareness of health inequalities, unconscious and unconscious bias, and support staff and patients who may experience racial abuse.

It was recommended that there should be a feedback system in place for patients if they feel they are a victim of racial abuse, to escalate their concerns. It was also felt that the use of translation services would greatly benefit the accessibility of urgent and emergency care to diverse communities.

"We found that 23% of residents felt pain relief would have been helpful but were not offered. As racial biases exist in pain management strategies, we believe additional research into understanding pain management attitudes of ambulance staff could be useful" *Healthwatch Newham*

Utilising the public and volunteers as a system partner

Several reports highlighted the ability of the public to be seen as a powerful partner in the delivery or emergency and urgent care; mainly around training the public in how to respond an emergency healthcare need, and increasing volunteer opportunities to aid service delivery.

The creation of training and awareness programmes for patients, carers and residents on first aid (adult and paediatric), the use of defibrillators, and falls advice, was suggested. Participants expressed that the use of educational institutions and religious buildings, could not only facilitate the training, but also provide a venue for further information to be shared on when it is appropriate to dial 999.

It was also suggested in some reports, that the use of volunteers could be expanded, with young people volunteering as part of the Duke of Edinburgh scheme or community programmes. It was felt that current schemes could be publicised more widely, helping recruit the public to assist in the community.

"Patients suggested public are better educated about using health care services to ease the burden on emergency services. It was also suggested the service increase their community engagement by sharing information about all the work LAS does within communities and provides first aid training for children and young people in particular." *Healthwatch Hammersmith and Fulham*

Using the voice of LAS in the community

It was recommended in some reports that there is more to be done in raising awareness of what the London Ambulance Service is doing locally and how businesses can get involved, for example in partnership opportunities.

Additionally, it was felt the LAS is in a good position to focussing aspects of community or social value in targeted outreach to certain patient groups and demographics, particularly those experiencing homelessness, mental health challenges, parent carer organisations, diabetes support groups, and stroke support groups, etc.

The use of the LAS estate to help with community work was also suggested, with open days to aid in the public education of what LAS does.

"Engaging with local people generates greater confidence in LAS. Several participants suggested that LAS could be more visible in the community outside of times of emergency. This could include working more closely with Healthwatch, visiting schools and community centres, or targeting engagement with groups known to have high use of LAS" *Healthwatch Greenwich*

Recruitment from the local population

Apprenticeship schemes were seen as an attractive method to increase recruitment within the LAS. One report highlighted that studying for qualification can incur debt, which may affect young people's career decision choices.

It was also recommended that better recruitment materials were developed, to create a more attractive campaign and highlight the career opportunities available. Campaigns for the military were highlighted as examples of where this can work, as was the open days run by the London Fire Brigade.

"How can LAS do more to contribute to life in London?...Offer apprenticeships and support schemes to allow young people to gain qualifications without incurring debt." *Healthwatch Hackney*

Next steps

To improve the efficacy of our 999 and 111 service delivery, and the clinical treatment we give on scene, we will increasingly include the voices of patients and the communities we serve in LAS, with a specific focus on enhancing the voices of individuals who are affected by health inequity. To do this, we will use a variety of proactive next steps;

- To implement the recommendations for pan-London improvements within the next LAS Trust Strategy, to ensure that the publics' opinions and experiences are taken into consideration in order to shape and improve the culture and services, and that changes made our representative include a wide range of equality groups, diverse communities and considerate of all protected characteristics.
- In agreement with ICBs, and borough based partnerships, establish named participants to represent LAS at select integrated care governance meetings (both at local borough and ICS level), and to attend relevant patient forums to co-design solutions to service issues, with the public.
- To proactively seek the views of patients, service users, carers and the public, both directly and via other groups through a variety of channels and with due regard to the public sector equality duty, by engaging Healthwatch on a routine basis
- Ensure issues affecting efficient delivery of the London Ambulance Service are represented at system meetings within Integrated Care System across London, to ensure robust communication between primary, acute or community care, and LAS.
- To share the local Healthwatch organisational reports with the relevant sector based teams in LAS, to engage them with local feedback and opportunities for engagement.
- To feedback to Healthwatch London any strategy and implementation updates shared at the LAS Public and Patient council, in order for them disseminate to local Healthwatch organisations any changes or updates in performance.

"Most people have a positive view of the London Ambulance service and its staff. They are, however concerned about ambulance waiting times and about the under-resourcing of the service; as well as about the state of the NHS in general. Those who used ambulance services gave positive feedback on care received from paramedics." *NEL combined Healthwatch Report*

Acknowledgments

We would once again like to thank the local Healthwatch organisations across London for this opportunity, and would welcome their further involvement in the development of its strategies across the LAS, as part of our efforts to engage the patient voice.

Appendix

To add in hyperlinks to the 26 individual Healthwatch reports and the 1 NEL summary document.