



29 February 2012

**LAS RESPONSE TO LONDON ASSEMBLY HEALTH AND PUBLIC SERVICES
COMMITTEE**

Recommendation 1

The Mayor's Office for Policing and Crime should commission a review of the processes used by the London Ambulance Service and the Metropolitan Police Service, for making and handling police requests for ambulance support. The review should aim to recommend steps that would help reduce the number of incidents attended by the LAS as a result of police requests, without having a detrimental effect on patient outcomes. The British Transport Police and City of London Police should also be invited to participate in the review; other partner organisations such as the London Fire Brigade should also be consulted.

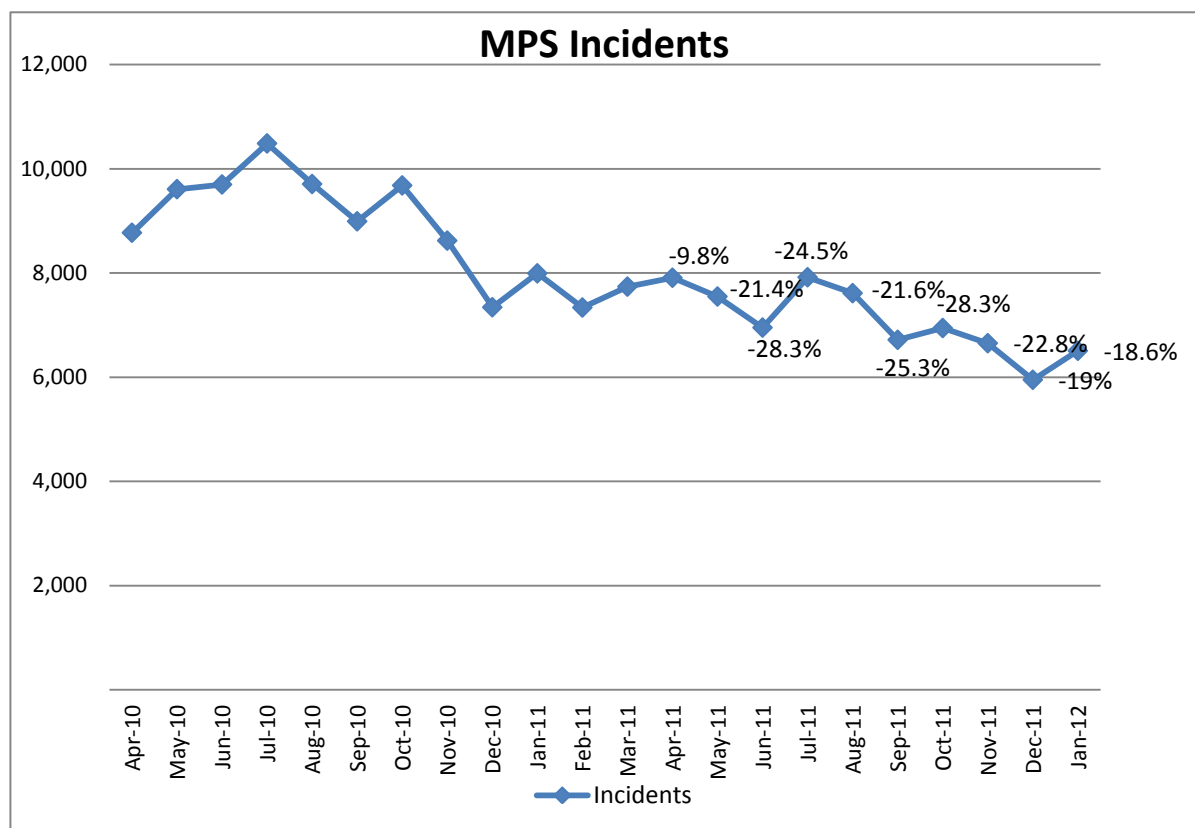
Recommendations should focus on shared resources or improvements to working practices. The review should begin its work as soon as possible in the new Mayoral term, commencing in May 2012, and aim to complete its work within three months.

London Ambulance Service response:

The number of police requests for an ambulance has been steadily falling since April 2010. Please see the graph below which shows that we are responding to over 22% fewer calls than we were last year. This is because we have taken some proactive steps with the Metropolitan Police (MPS) to manage this demand. This includes working with the MPS to identify when it is appropriate to make a request for an ambulance.

Our chairman has recently written to both the Metropolitan Police Authority and the London Fire Brigade to reinstate regular meetings throughout the year. We hope that through formal meetings we can identify areas where more joint working is required to improve processes and working practices.

However, It is the view of the London Ambulance Service that a formal review is not required at this stage. Significant work has already taken place to reduce demand on the Service and ensure appropriate referrals are made by the MPS when clinical support is required. This work could be extended to include the British Transport Police and City of London Police as well as other partner organisations such as the London Fire Brigade.



Recommendation 2

As Chair of Transport for London, the Mayor should invite the London Ambulance Service to participate in the project board developing proposals for the integration of door-to-door services. Thereafter, the project board should develop a comprehensive plan to establish an integrated door-to-door service that supports people with mobility problems to get around the city and access health services.

The Mayor should confirm the invitation to the LAS in his response to the Committee by the end of February 2012.

London Ambulance Service response:

We would welcome the opportunity to join the project board to develop a comprehensive plan to establish an integrated door-to-door service across London. However your report suggests that improved door-to-door services could help deliver a long-term reduction in ambulance passenger journeys. This is unlikely in our view. In section 3.27 your report suggests that an established door-to-door service could be deployed to a number of lower priority patients if a patient assessment suggests medical support is not required for the onward journey. As your report states we are meeting demand from patients to be conveyed, even when we feel the patient does not need the support of trained ambulance staff. By being part of the project board we may be able to establish a more efficient way to respond to these patients. We would be happy to participate in the ongoing work of this group.

Recommendation 3

The Mayor should invite the London Ambulance Service to join the London Health Improvement Board, in order to explore opportunities for joint working on public education and the prevention of ill health. The Mayor should confirm the invitation to the LAS in his response to the Committee by the end of February 2012.

London Ambulance Service response:

We welcome the opportunity for greater partnership and collaboration with the London Health Improvement Board. As we meet thousands of patients in London every day, we are ideally placed to play a key role in public health. We look forward to receiving the invitation to join the board.

Recommendation 4

The Mayor should commission a review of shared facilities and joint working between the London Ambulance Service and the London Fire Brigade. The review should aim to generate efficiencies by making specific proposals for shared stations and control centres. The review should begin its work as soon as possible in the new Mayoral term, commencing May 2012.

London Ambulance Service response:

As your report recognises we already work closely with our emergency partners in London. Our Chairman has recently written to suggest regular formal meetings with both the Metropolitan Police and the London Fire Brigade. We hope these meetings can be used as a way to further improve collaboration between all our emergency services and to ensure that any opportunity for efficiencies is not missed.

That said we have already given lengthy consideration to shared facilities and we do not believe this is a practical solution to generate savings. For example, we currently share a facility with the LFB in Barnet. As we are paying market rents for the use of this property it does not deliver any savings and is no more efficient than renting other facilities.

In addition we are in the process of reviewing our own estate – much of which is old and not fit for purpose. As we are already reviewing our facilities we do not think a further external review is required. We will however continue to work closely with the MPS and the LFB to identify other ways in which we can work together and generate savings.

Recommendation 5

The London Ambulance Service should set out in its next Annual Report plans to deliver efficiencies through coordinated working with other public services. This

should cover such areas as shared finance and clinical audit functions with other ambulance services, and shared procurement opportunities (such as fuel, facilities management and back-office functions) with other emergency services in London.

London Ambulance Service Response:

We already work closely with other emergency services in London but we would welcome the opportunity for arrangements to be more formalised with potential for wider representation across other services such as the British Transport Police. For example we would suggest a regular meeting of the directors of finance at each emergency service. We would be happy to record any efficiency we have made through our annual report. In addition the group of finance directors could report back to the GLA on an annual basis on joint working in areas such as facilities, procurement and emergency planning .

However we would like the committee to note that the LAS is one of the most efficient ambulance services in England with average cost per incident at 95% of the national average (2010/11 NHS Reference Costs). We are also an efficient emergency service in London. The cost per head of population is in London to provide an ambulance service is just £30. This compares to around £60 per head for the LFB and £450 for the MPS.

Recommendation 6

The London Ambulance Service should consider specifying the Greater London Authority, Transport for London, Metropolitan Police Service and London Fire Brigade as partnership organisations in the constitution it adopts upon becoming a Foundation Trust, and appoint a representative of each organisation to the LAS Council of Governors. We ask the LAS to report back to the Committee on how it will take forward this recommendation.

Following this, when the LAS becomes a Foundation Trust the Mayor should ask the GLA representative on the LAS Council of Governors (which could mean an Assembly Member) to apply to the Council to be appointed a non-executive director of the LAS, in order to begin the detailed work to bring the organisations more closely together.

London Ambulance Service response:

The focus for the governance arrangements and constitution for the LAS as an NHS foundation trust has been to maximise the patient voice on the Council of Governors. To extend the partnership arrangements beyond what is proposed in our foundation trust governance arrangements would mean the loss of some patient representation. We believe there are other ways to collaborate and work in partnership with other organisations without compromising the patient voice for the trust.

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Under the NHS Act a Foundation Trust must have a governor appointed by local authorities. We will be asking the GLA to nominate a member from a qualifying local authority. In addition the Act does not provide for a foundation trust to specify a role for a director on the Trust Board. As a non-executive director position becomes available it will be advertised and we could then notify the GLA.

While we welcome the opportunity to improve working relationships with our emergency partners in London, we believe this can be best achieved outside the governance arrangements of the Service. As an alternative we suggest the establishment of a partnership forum for example with representatives from the LAS, GLA, LFB and MPS with representation at a senior level that meets twice a year.