

LOOKING AFTER LONDONERS



Seeking your views on our plans for becoming an NHS foundation trust

(ONTENT

- 3 Welcome
- 4 About us
- 5 What is a foundation trust?
- 6 Why do we want to become a foundation trust?
- 7 Our vision and values
- 8 Recent achievements
- 10 Our plans for the future
- 13 How we will be run
- 18 What happens next?
- 19 What do you think?
- 21 Become a member
- 23 Glossary of terms



Survivor of the London bombings, Gill Hicks MBE joins Chief Executive Peter Bradley CBE to register as our first member.

WEL(OME

We are applying to become an NHS foundation trust and would welcome your views on our plans.

We would also like to invite you to become a member of your ambulance service and have a greater say in how it is run, and in how services are delivered to patients.

As the capital's ambulance service we have been recognised for the quality of emergency medical care we provide to Londoners. We believe that by becoming a foundation trust we will be able to improve our services further, and more quickly, providing considerable benefits for our patients.

We are moving away from a one-size-fits-all service to one where our patients receive care that is more tailored to their needs. As an NHS foundation trust we will have more independence to make these changes.

We will also be able to have closer links with the people who matter most – our patients, staff and local communities. And by becoming a member of our Trust, you will be able to have a greater say in how we deliver care in your area.

This document explains our plans for becoming a foundation trust. It sets out how we will run our organisation and how we want to improve our services. It also explains how and why we would like you to get involved by becoming a member.

Your views on our proposals are important, and will form part of our application to the Department of Health to become a foundation trust. Please give us your opinions by completing the pull-out form at the back of the document and returning it to us by Friday 15 May 2009. Alternatively you can submit your thoughts through our website at www.londonambulance.nhs.uk/ft

Thank you for taking the time to think about our plans. We look forward to receiving your comments and to welcoming you as a member of the new London Ambulance Service NHS Foundation Trust.

Sigurd Reinton CBE

Chairman

Peter Bradley CBE Chief Executive

ABOUTUS

The London Ambulance Service is the busiest ambulance service in the world, caring for almost one and a half million patients every year.

We provide an emergency healthcare service for over seven and a half million people living in London, as well as visitors and commuters to the city. Our service extends over an area of approximately 620 square miles, from Heathrow in the west to Upminster in the east, and from Enfield in the north to Purley in the South.

We are the only London-wide NHS trust, have more than 4,000 staff and an annual turnover of around £260 million. As an integral part of the NHS in London, we work very closely with hospitals and other healthcare providers, as well as other emergency services.

We became an NHS trust in 1996, and are led by a Trust Board which is made up of a non-executive chairman, six non-executive directors and five executive directors, including our chief executive.

What we do

As the frontline of emergency and urgent healthcare in the capital, our main role is to respond to emergency 999 calls, and to provide medical care or other appropriate help to patients across the capital, 24 hours a day, 365 days a year.

Our top priority is to get to patients who have serious or life-threatening injuries or illnesses as quickly as possible and start providing them with life-saving treatment. Our ambulance crews are trained to care for patients in many different life-threatening situations – from those who have been seriously injured in an accident to those who are having a heart attack or, at the extreme, whose hearts have stopped.

The vast majority of our patients have less serious injuries or illnesses, and do not need to be sent an ambulance on blue lights and sirens. We offer a range of types of care to them, and recognise that many have complex problems or long-term medical conditions. Often these patients will receive better medical care somewhere other than a hospital and our job is to make sure they get it.

Other areas of our work include providing pre-arranged transport for patients attending hospital appointments, finding hospital beds for different kinds of patients, and working with the police and the fire service to ensure we are prepared for dealing with large-scale or major incidents in the capital.

WHAT IS A FOUNDATION TRUST?

Foundation trusts are a new type of NHS organisation, which were introduced in 2004. There are currently over 100 foundation trusts in England, made up of general and specialist hospitals and mental health trusts.

From April 2009, ambulance services will be able to apply to become foundation trusts for the first time.

Foundation trusts are still part of the NHS, and continue to follow the principles of the NHS. For example, they provide free medical care to everyone and have to meet national standards and targets. They are also inspected by independent bodies such as the Care Quality Commission (which replaces the Healthcare Commission in April 2009) and Local Involvement Networks.

They differ from other NHS trusts in a number of ways:

- They are free from direct central government control and operate as public benefit corporations. This means they are accountable to local people, staff and local partner organisations.
- Foundation trusts can have much stronger links with local communities and partner organisations, such as local authorities, healthcare and voluntary agencies, who can become members of the organisation. As members they have a greater say in how services are delivered and developed to meet the needs of local people.

- Members can be elected to the Council of Governors which is responsible for representing the interests of local communities, patients, staff and partner organisations in the management of the Trust, and influencing decisions about spending and service developments.
- Foundation trusts have more freedom to manage their own affairs, and decide on priorities and how services are provided.
- They have more financial freedoms, and can keep surplus funds to invest in new or improved services.
- They have more flexibility to recruit and retain staff which helps them provide better care for patients.
- They are overseen by a regulator, Monitor, which is independent of central government and is directly accountable to Parliament.

More information about foundation trusts can be found on the Department of Health website www.dh.gov.uk or Monitor's website www.monitor-nhsft.gov.uk

WHY DO WE WANT TO BE(OME A FOUNDATION TRUST?

We believe that the management arrangements and financial freedoms open to a foundation trust will provide real benefits to us, our patients, our staff and our partners.

Benefits for patients and local people

- A greater say and more involvement in how we run our organisation and how we deliver our services to patients.
- An opportunity to support your local ambulance service by becoming a member of our foundation trust. You can also stand for election to the Council of Governors and represent the interests of your local community.
- Improved services and levels of care.

Benefits for our staff

- More say in decision making and future planning based on patients' needs.
- An opportunity to represent colleagues by standing for election to the Council of Governors.
- A chance to help us develop stronger relationships with our local communities, so we can improve the service we provide to them.
- Better access to training and development opportunities.

Benefits for partner organisations

- A chance to ensure we take account of the needs of London's diverse communities when we plan and deliver our services.
- An opportunity to work with sections of our membership with a particular interest in the area supported by each partner organisation.
- More involvement in the development of our business plans.

Benefits for our organisation

- More freedom to develop our services to the benefit of patients.
- Greater local ownership and involvement for patients, staff and local communities.
 As members of our organisation, Londoners will be able to influence how we provide and develop our services.
- New financial freedoms which will allow us to keep any surplus funds to invest in better facilities and services for patients. At present we have to give back any money we have left over at the end of the year.
- The opportunity to agree longer contracts with our commissioners to give us more financial stability and the scope to plan longer term rather than one year at a time.
- An opportunity to strengthen partnerships with other organisations including the voluntary sector, and benefit from their expertise.

OUR VISION AND VALUES

Our vision

Our vision is to meet the needs of the public and all our patients, with staff who are well trained, caring, enthusiastic and proud of the job they do.

Our values

Our values underpin everything we do – how we deliver our services and how we work with each other.

Clinical excellence: We will demonstrate total commitment to the provision of the highest standard of patient care. Our services and activities will be ethical, kind, compassionate, considerate and appropriate to patients' needs.

Respect and courtesy: We will value diversity and will treat everyone as they would wish to be treated, with respect and courtesy.

Integrity: We will observe high standards of behaviour and conduct, making sure we are honest, open and genuine at all times and ready to stand up for what is right.

Teamwork: We will promote teamwork by taking the views of others into account. We will take a genuine interest in those who we work with, offering support, guidance and encouragement when it is needed.

Innovation and flexibility: We will continuously look for better ways of doing things, encourage initiative, learn from mistakes, monitor how things are going and be prepared to change when we need to.

Communication: We will make ourselves available to those who need to speak to us, listening carefully to what is said to us and making sure that those we work with are kept up to date and understand what is going on.

Accept responsibility: We will be responsible for our own decisions and actions as we strive to constantly improve.

Leadership and direction: We will demonstrate energy, drive and determination especially when things get difficult, and always lead by example.

RE(ENT A(HIEVEMENTS

Recognised as clinical leaders by being the first ambulance service to take heart attack patients directly to specialist centres for treatment, rather than to the nearest hospital A&E department.



Attended almost one and a har patients last year, including en patients, those needing transf between hospitals and people non-emergency hospital appoint

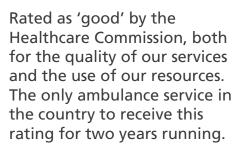


Well regarded by the majority of the people we serve – independent research shows that 71 per cent of Londoners are prepared to speak highly of us.



Saved over responses really nee providing the phone serious co

Won the 'NHS Innovator or the Year' award for the computer system that dispatches our cars and ambulances to patients.



almost on 999 year.

olf million nergency ers attending intments.

for people who ded them, by medical advice over to callers with less

More than doubled survival rates for patients who have an out-of-hospital cardiac arrest (when their heart stops beating) in the last six years.

Installed over 400 defibrillators (machines that can be used to restart a person's heart) in public places across the capital and trained people in those places to use them.

Educated some 30,000 schoolchildren last year about the ambulance service and what to do in an emergency.

Reached more patients more quickly than ever before – we get to many patients with life-threatening illnesses or injuries in four to six minutes.

OUR PLANS FOR THE FUTURE

We want to develop our services so we can provide care that is better tailored to the different needs of our patients – whether they have life-threatening injuries or illnesses, less serious but complex conditions, or minor medical conditions for which they still need some advice or treatment.

We will be looking at how we can extend the care we offer by building on our strengths – being a healthcare organisation that is mobile and that operates across the whole of London 24 hours a day.

We need to ensure we can continue to deliver high quality emergency medical care across the capital, despite a growing population, higher expectations and ever increasing demand for our services

Our plans for the future are very much aligned with, and support, the proposals set out by Healthcare for London to improve healthcare services within the capital.

Our priorities for the next four years

Our plans over the next four years are based on what our patients, staff and partner organisations have said they want us to do:

Provide an accessible service

People want to be able to access us as quickly and easily as possible, whether they are patients or other organisations that work with us.

Ways in which we will achieve this include introducing:

- a new system for answering 999 calls and sending ambulance staff and vehicles to patients
- a new digital radio system so that we have better communication with our staff and other emergency services
- a text-based system so that patients with speech or hearing impairments can contact us more easily.
- Respond appropriately to all our patients, ensuring they get the right care in the right place at the right time

We know that many of our patients do not need an emergency ambulance with blue lights and sirens, and that they would often receive much more appropriate care somewhere other than hospital.

So whilst we are continuing to improve the care we provide to patients with life-threatening illnesses and injuries, we are also offering more care options for patients with less serious conditions.

To enable us to provide tailored care to all our patients we need to ensure our staff have the right skills and the confidence to treat a wide range of conditions.



We also acknowledge that providing help in a timely way is important to patients and partner agencies.

To achieve this we will:

- take more patients with life-threatening conditions to specialist centres for treatment, for example those having a heart attack or stroke, or who have been seriously injured
- provide other care options for people
 who do not have life-threatening
 conditions. For example, we will assess
 and treat more patients at home, or refer
 them to their GP, urgent care centre or
 social services. We may take them to
 walk-in centres or minor injuries units,
 or in some cases provide clinical advice
 over the phone
- improve the way we prioritise calls so staff with the right skills are sent to patients every time. In life-threatening cases we will always send a double-crewed ambulance and a single responder in a car, but in others we may just send a single responder by car, motorbike or bicycle to assess the situation before deciding how best to deal with it. Some callers will receive further assessment and clinical advice over the phone
- have a wider skill mix within our workforce, from A&E support staff with basic life support skills to paramedics and emergency care practitioners
- increase the numbers of community responder volunteers who can get to local patients quickly and start treatment while an ambulance is on the way.

Continue to focus on delivery

Against a backdrop of a growing population and increasing demand, we remain committed to reaching the national targets that are set for us. We aim to do this as cost effectively as possible.

There is evidence that a speedy response can make a difference for people who have life-threatening injuries or illnesses, and Londoners have told us that they want us to get to patients more quickly.

We have already started to do this. New targets introduced in April 2008 mean we now have to get to patients almost two minutes quicker than we did previously.

But it is not all about how quickly we get to a patient. It is important that the treatment we provide leads to the right outcome for them. That is why we are looking at ways to demonstrate how effective our care is.

We have already seen the survival rates for people who have a cardiac arrest (where their heart effectively stops) outside of hospital more than double in the last six years. That is down to our staff providing better emergency heart care.

We need to be ready for when the Olympic and Paralympic Games come to London. We have already started our planning so that we can maintain our day-to-day emergency service while providing medical cover to the Games. This will be a considerable challenge.

Engage with the public, our patients and partners

We are keen for Londoners to be involved in the planning and delivery of their local ambulance services. We believe local people, patients and our partners can provide valuable ideas and advice about how we can improve the care we provide.

We already work closely with some of our communities, and as a foundation trust this will increase as we encourage people from all areas of the capital to become members of our organisation and have a say in our services and our future.

Develop a culture built on our core values

It is important to us that our culture and our staff's behaviour reflect our core values.

We firmly believe in treating people with respect and courtesy and in valuing diversity. We encourage communication and teamwork, and expect our staff to act with integrity. We welcome innovation and new ideas, and we want all our staff to provide the highest levels of clinical care. It is also important that each and every one of us accepts responsibility for our actions, and provides leadership and direction, always leading by example.

We will continue to encourage our staff to work by these values, and will challenge the actions of those who don't.

Question 1:



Do you agree with our vision and our priorities for the next four years?

HOW WE WILL BE RUN

If we become a foundation trust, the way in which we operate will change.

Members

Local people will be able to have a greater role in how our organisation is run by becoming members. We want to achieve a membership that reflects the diversity of London, and is made up of local people, staff and partner organisations.

Council of Governors

A Council of Governors will be set up to represent our membership. The majority of the governors will be elected by the members. In addition, a number of partner organisations, such as local authorities, healthcare and voluntary agencies, will be invited to appoint governors to the Council.

A Board of Directors

The Board of Directors will be similar to our current Trust Board and will be responsible for directing the management of our organisation. The Board will work closely with the Council of Governors to develop the Trust's future plans.

Membership

Membership of your local ambulance service is free, and it is up to you how much time you give to it.

Join us as a member and you will be able to:

- become actively involved in our work and help shape our future plans
- get a better understanding about what we do, and help promote our work

- be consulted on any major changes that we are proposing to services
- receive regular information about what we are doing
- attend open days, seminars and events
- take part in focus groups and surveys
- elect governors to represent your views on our Council of Governors
- stand for election as a governor yourself.

Most importantly, you can make sure your views and those of your community are heard.

Membership will be open to anyone aged 16 or above, and public members should live in a London borough. Our public membership proposals do not include people who live outside the capital but who work in London and could use our services. Members will have the same access to our services as anyone who chooses not to become a member.

Question 2:



Do you agree that 16 should be the youngest age to become a member?

Question 3:



Do you agree that only residents living in a London borough should be able to become public members?

Question 4:



Do you think that we should include people who work but don't live in London in our public membership?

We are proposing to have two categories of membership – public and staff. An individual can only belong to one category, and will be eligible to elect representatives to our Council of Governors.

Anyone who has been dismissed from our employment or has been involved in an incident of violence or abuse against our staff will not be allowed to become a member of the foundation trust.

Public category

We plan to have 11 constituencies within the public category based on groupings of boroughs in London.

Constituency

- Millingdon and Ealing
- Hounslow, Richmond and Kingston
- Sutton, Merton and Wandsworth
- Bromley, Croydon and Bexley
- Redbridge, Barking & Dagenham, Greenwich and Havering
- Waltham Forest, Newham and Haringey
- 1 Lewisham, Southwark and Lambeth
- Westminster, Hammersmith & Fulham and Barnet
- Marrow, Brent and Camden
- ① City of London, Tower Hamlets and Hackney
- Mensington & Chelsea, Islington and Enfield

Question 5:



Do you agree with the proposed public constituencies?

Staff category

We propose that staff who have worked with us for at least a year will be eligible to be members of the staff category. They will automatically become members, but will have the option to opt out.

Longer-term temporary staff and contractors can join the staff category as long as they have worked for us for at least 12 months.

Volunteers and staff with a contract of employment of less than 12 months cannot be staff members, but can join us as public members.

We have two proposals for how our staff membership will be organised.

Option 1 – a single staff constituency which encompasses all our staff, whatever their role or wherever they work.

Option 2 – one constituency for support staff (for example staff who work in our finance, HR, fleet and technology departments), and one for our frontline staff (staff who are directly involved in treating patients or who take 999 calls).

We currently have a strong relationship with our trade unions, supported by an agreement to consult and work together. We plan to maintain these working arrangements if we become a foundation trust.

Ouestion 6:



Do you agree with the general proposals for staff membership?

Question 7:



Do you agree that our staff should be made members with the option to opt out?

Ouestion 8:



Which of the two options for staff constituencies do you prefer?

Council of Governors

We propose that the body that will represent members will be called the Council of Governors and that it will be made up of governors who are elected by members or nominated by partner organisations.

More than half of the Council must be made up of members from the public category.

The Council of Governors will be expected to:

- work closely with the Board of Directors
- contribute ideas and advice to future planning
- provide a link between the ambulance service and its communities, and represent the views of members
- be responsible for reviewing the Trust's membership strategy, as well as recruiting members and encouraging them to stand as potential governors
- be actively involved in advisory groups, sub-committees and other forums set up by the Trust.

The Council of Governors' legal responsibilities will be to:

- appoint the Trust's chair and non-executive directors
- agree pay for non-executive directors including the chair
- approve the appointment of the Trust's chief executive
- appoint the auditor of the foundation trust
- receive the annual report and accounts
- be consulted on proposed changes to how services are delivered.

The legal minimum age for governors is 16 years. We will provide training and support to governors to help them carry out their role.

We plan to have a total of 21 governors on our Council of Governors, not including the chair.

Question 9:



Do you agree with the role of the Council of Governors?

Proposed make-up of our Council of Governors

Public governors – elected Hillingdon and Ealing Hounslow, Richmond and Kingston À Sutton, Merton and Wandsworth Bromley, Croydon and Bexley (Î) Redbridge, Barking & Dagenham, A Greenwich and Havering Waltham Forest, Newham and Haringey Lewisham, Southwark and Lambeth A Westminster, Hammersmith & Fulham and Barnet Harrow, Brent and Camden City of London, Tower Hamlets and Hackney Kensington & Chelsea, Islington and Enfield À Subtotal 11 Staff governors - elected Staff Subtotal Statutory partner organisation governors Primary care trusts À - appointed Local authorities Other partner organisations – appointed Age Concern London Ŕ British Heart Foundation Diabetes Diabetes UK Mind The Stroke Association 7 Subtotal Number of Governors (elected + appointed) Total 21

Governors will be in one of two categories – those elected by members of our proposed constituencies, and those appointed by a range of partner organisations.

Elected council members

We propose to have 11 public governors, one from each of our public constituencies.

We propose to have three staff governors. Depending on the outcome of the consultation, this might include one for support staff and two for frontline staff (those who treat patients and those who take 999 calls), or three people covering all staff groups.

Non-elected council members

We recognise that our Council of Governors could benefit from the expertise and knowledge of other key organisations. At least one member of our Board of Governors must be appointed by a primary care trust and one by a local authority. In addition we propose to invite five voluntary groups to appoint governors.

Question 10:



Do you agree with the proposed make-up of the Council of Governors?

Election to the Council of Governors

Public and staff governors will be elected by members.

Governors will be elected for a three-year term, and no governor will serve more than two terms. Initially, some governors will be elected for shorter terms, to avoid everyone being up for election at the same time. This means there will be regular opportunities to elect new governors, while also allowing for some continuity of membership on the Council.

Board of Directors

The Board of Directors will be responsible for directing the management of our Trust and will lead on future planning for the organisation.

Its role is also to set our strategic aims and objectives, and monitor performance against these. The Board must ensure the Trust fulfils its statutory obligations.

The Board of Directors will be made up of a chairman, who will also chair the Council of Governors, up to six non-executive directors and up to six executive directors. By law, one executive director must be a qualified medical practitioner and one must be a registered nurse or midwife.

The chair and non-executive directors are appointed by the Council of Governors, which also approves the appointment of the chief executive. The chief executive and non-executives appoint the executive directors.

To ensure there is no disruption to the running of the ambulance service, transitional arrangements will be in place for the current directors to form the initial Board of Directors of the foundation trust.

WHAT HAPPENS NEXT?

Tell us what you think

We would like your views on our proposals to become a foundation trust.

You have until **Friday 15 May 2009** to let us know what you think, and you can share your thoughts in a number of ways.

Complete the feedback form

You can complete the feedback form at the back of this document, and send it back to us in the envelope provided. No stamp is needed.

Visit our website

You can fill in a feedback form on our website – www.londonambulance.nhs.uk/ft

Become a member

Have a greater say in how your local ambulance service is run by becoming a member.

Simply complete the membership form at the back of this document, or visit our website – www.londonambulance.nhs.uk/ft

Want to know more?

We will be arranging events across London during the consultation period, where you will be able to speak to us in person about our proposals.

Local roadshows

We will be having roadshows in your area. These will be advertised in local papers and on our website – www.londonambulance.nhs.uk/ft

Community groups

If you are a member of a local group that would like to hear more about our plans, we would be happy to come along to talk to you.

Email us - membership@lond-amb.nhs.uk
Phone us on FREEPHONE 0800 7311 388
Visit our website –

www.londonambulance.nhs.uk/ft

More copies of our consultation document can be found on our website.

Our next steps

Once our consultation has ended we will review the comments we have received and feed these into our application to the Secretary of State. We will publish a report explaining the feedback we received and how we have taken it into account in our application.

If the Secretary of State supports our application, it will then be assessed by Monitor (the independent regulator for foundation trusts) who will decide if we can become a foundation trust.

Key dates

Consultation ends	15 May 2009
Publish feedback	June 2009
Application to Secretary of State	June – July 2009
Secretary of State approves application	July – August 2009
Monitor starts its assessment	September 2009
Foundation trust status is given	December 2009

Please note that these timescales are indicative and may be subject to change.

WHAT DO YOU THINK?

Your views are important to us, and we would like to know what you think about our proposals to become a foundation trust. The **deadline for you to reply is Friday 15 May 2009**. Simply complete this form and send it back to us in the envelope provided. You do not need to attach a stamp.

1 Do you agree with our vision and our priorities for the next four years? (pages 7-12)	☐ Yes ☐ No	Additional comments
2 Do you agree that 16 should be the youngest age to become a member? (page 13)	☐ Yes ☐ No	Additional comments
3 Do you agree that only residents living in a London borough should be able to become public members? (page 13)	Yes No	Additional comments
4 Do you think that we should include people who work but don't live in London in our public membership? (page 13)	☐ Yes ☐ No	Additional comments
5 Do you agree with the proposed public constituencies? (page 14)	☐ Yes	Additional comments
6 Do you agree with the general proposals for staff membership? (page 14)	☐ Yes	Additional comments
7 Do you agree that our staff should be made members with the option to opt out? (page 14)	☐ Yes ☐ No	Additional comments
8 Which of the two options for staff constituencies do you prefer? (page 14)	Option 1 Option 2	Additional comments

BECOME A MEMBER

We want as many people as possible to support the London Ambulance Service by becoming one of our members.

We hope to develop a membership of people from across London's diverse communities who want to have a say in how their local ambulance service is run.

Membership is free, and it is easy to join. Simply complete this form and send it back to us in the envelope provided, free of charge, or visit our website at www.londonambulance.nhs.uk/ft

YOUR DETAILS

You must be at least 16 years old to become a member. If you are a member of our staff, you do not need to complete this form – information will be sent to you separately.

The information you provide here will be held on a database so that we can keep you up to date on membership issues. The information will remain confidential and will be held in accordance with the Data Protection Act (1998).

Fields marked with * are mandatory *Title London (eg Mr, Mrs, Miss, Ms, Dr) borough you live in *First name *Last name *Telephone *Address (home/work) Mobile *Date of Birth You must be at least 16 years old to become a member *Postcode

We would prefer to send you information about the Trust and membership issues by email.

Email address

If you would prefer to receive this by post, please tick here.

Public register

We are required to keep a public register of our members.
 If you do not wish your name to be included, please tick this box.

ABOUTYOU

We want to involve the whole community and build a membership that is representative of the London area we serve. The following information will help us to know if we have achieved this.

Gender				
☐ Male	Female			
Ethnicity				
White	White BritishWhite IrishWhite other			
Mixed	White and Black CaribbeanWhite and Black AfricanWhite and AsianOther			
Asian or Asian British	IndianPakistaniBangladeshiOther			
Black or Black British	CaribbeanAfricanOther			
Other	ChineseOther ethnic group			
	(please state)			
I'd rather not say				
Do you consider yourself to have a disability? Yes No				
	a patient of the London vice NHS Trust within the last			

GETTING INVOLVED

I would be interested in: (tick one or more)

- receiving regular information about the London Ambulance Service
- attending meetings or events
- taking part in surveys, consultations and questionnaires
- standing for election to the Council of Governors.

I would like to become a member of London Ambulance Service NHS Trust which is becoming a foundation trust.

Signature *			
Date *			

Thank you for applying to be a member of our Trust. We look forward to working with you in the future.

Please return your form in the envelope provided – no stamp is needed.

For more information about membership write to us at:

Freepost RSAE-JTEL-YURH London Ambulance Service NHS Trust Foundation Trust Office 220 Waterloo Road London SE1 8SD

Email us – membership@lond-amb.nhs.uk

Phone FREEPHONE 0800 7311 388

Visit our website - www.londonambulance.nhs.uk/ft

No

Yes

GLOSSARY OF TERMS -

WHAT DO THESE WORDS MEAN?

Care Quality Commission

The Care Quality Commission will become the new health and social care regulator in April 2009. It will assess and report on the quality and safety of services provided by health and social care organisations, and will review foundation trusts' performance against national standards.

Emergency care

Emergency care is provided to patients with medical conditions that are life-threatening or need immediate treatment to prevent permanent damage. Emergency care is typically given to patients with serious injuries or severe medical conditions, such as a suspected heart attack or a stroke.

Executive directors

Executive directors are senior managers who are responsible for the day-to-day running of the Trust. They report to the chief executive.

Healthcare for London

Healthcare for London is an organisation created by the 31 primary care trusts in London which is responsible for developing plans needed to improve the healthcare of Londoners over the next 10 years. It is working with the public and partner organisations to improve the quality, safety and accessibility of London's healthcare.

Local Involvement Networks (LINks)

Introduced in April 2008, the role of LINks is to find out what citizens want from local services, monitor and review the care local services provide, and tell those who run and commission services what the community thinks.

Monitor

Monitor is the independent organisation that regulates NHS foundation trusts, making sure they are well-managed and financially strong so that they can deliver high-quality healthcare for patients.

Non-executive directors

Non-executive directors form part of the Board of Directors alongside the Trust's senior managers. They are appointed by the Council of Governors. They are not employed by the Trust, but they do receive payment.

Primary care trusts

A primary care trust (PCT) is a local NHS organisation responsible for commissioning (purchasing) healthcare services for the local population. In London, PCTs typically have the same boundaries as the local authorities. As well as working with other agencies to improve public health, many also provide some local services.

Urgent care

Urgent care is provided to patients with unforeseen conditions that need immediate medical attention in the outpatient department of a hospital, clinic, other healthcare centre, or at home. An urgent condition is not life-threatening but may cause serious medical problems if not treated promptly.

LOOKING AFTER LONDONERS



If you would like this document in another language, or in a format such as easy-read, Braille or audio, contact FREEPHONE 0800 7311 388.

عربي إذا كنت تريد هذه الوثيقة بلغتك الخاصة، اتصل بالرقم المجاني: 388 7311 0800.

বাংলা

যদি আপনি এই ডকুমেন্ট আপনার ভাষায় চান, তাহলে যোগাযোগ করুন ফ্রিফোন 0800 7311 388 নম্বরে।

Francais

Si vous désirez recevoir ce document dans votre langue, contactez le NUMÉRO VERT 0800 7311 388.

Język Polski

Jeśli pragnąłbyś ten document w swoim języku zadzwoń pod DARMOWY numer telefonu 0800 7311 388.

Português

Se desejar obter este documento no seu idioma, queira contactar a LINHA DE TELEFONE GRÁTIS 0800 7311 388.

ਪੰਜਾਬੀ

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰ ਢੇੈ ਤਾਂ ਫ੍ਰੀਫ਼ੋਨ 0800 7311 388 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

русский

Если вы хотите получить этот документ на вашем языке, свяжитесь с нами по бесплатному телефону 0800 7311 388.

Soomaali

Haddii aad dukumeentigan ku rabto luqaddaada, soo wac TELEFOONKA BILAASHKA AH 0800 7311 388.

தமிழ்

இந்த ஆவணம் உங்கள் மொழியில் உங்களுக்குத் தேவைப்பட்டால், இலவச தொலைபேசி எண் 0800 7311 388 ல் தொடர்பு கொள்ளவும்.

Türkçe

Bu belgeyi kendi lisanınızda istiyorsanız, ÜCRETSİZ TELEFON HATTINDAN ilişki kurun: 0800 7311 388.

London Ambulance Service NHS Trust 220 Waterloo Road London SE1 8SD

Tel: 020 7921 5100 Fax: 020 7921 5129

www.londonambulance.nhs.uk



Printed on Greencoat Velvet, a totally chlorine free (TCF) paper made from 80% waste fibre. Greencoat Velvet has been awarded two important environmental certifications, the NAPM and Eugropa.