



## Patient Engagement Strategy 2016 – 2020



## **1. Introduction**

- 1.1 This strategy outlines the London Ambulance Service's (LAS) commitment to patient and public engagement over the next four years to 2020. It draws on the patient involvement elements of the NHS Five Year Forward View (NHS England, 2014) and the Trust's own five year strategy.
- 1.2 The Care Quality Commission's inspection report into the LAS (November 2015) did not identify any specific actions or improvements to be made in relation to its patient engagement activities. However, the Quality Improvement Plan (January 2016) arising from the inspection includes activities which will benefit from patient involvement. These are also outlined in the strategy.
- 1.3 Finally, the strategy outlines the key priorities for patient and public engagement to 2020, as far as these are currently known and acknowledging that the strategy and subsequent action plans will need to reflect changes in the internal and external environment. An action plan for the first year of the strategy, 2016-17, is attached as an appendix.
- 1.4 The aim of this strategy is improve engagement and relationships with partner agencies, patient and community groups and individuals, e.g. by providing information, involving patients in the Trust's activities, and teaching life-saving skills. Implementation of the strategy will lead to greater visibility externally and an improved reputation amongst a wide range of organisations and groups, as well as improved patient experience. Involving staff in these activities is one way of improving staff recruitment, development and retention. The strategy also aims to ensure the Trust meets its statutory and other external requirements, enabling the LAS to derive the maximum benefit from engaging with patients and the public in meaningful ways.
- 1.5 Delivery of the strategy will be overseen by the Patient & Public Involvement Committee, which will report to the Improving Patient Experience Committee. An annual report will be submitted at the end of each financial year to the Quality Governance Committee.

## **2. Five Year Forward View**

- 2.1 NHS England's Five Year Forward View sets out a clear direction for the NHS. There is a strong emphasis on partnership working and patient and public engagement throughout this document.
- 2.2 The Forward View notes the improvements made in the NHS in recent years, including the increase in patient satisfaction levels. However, it notes that quality of care can be variable, preventable illness is widespread, and health inequalities deep-rooted. It highlights that patients' needs are changing, new treatment options are emerging, and that there are particular challenges in areas such as mental health, cancer and support for frail older patients.

- 2.3 The Forward View emphasises the importance of prevention and public health, and sets out plans for national action on obesity, smoking, alcohol and other major health risks. In future, patients gain greater control of their own care and that the NHS will work more closely with voluntary organisations and local communities.
- 2.4 Across the NHS in future, urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services. Improvements will be made in how patients interact with the NHS.
- 2.5 This strategy takes into account the key elements of the Forward View and reflects the priorities identified within it, particularly focusing on patients having more control over their own care, having opportunities to provide feedback and engage in a variety of ways, and strengthening the Trust's engagement with local communities and voluntary sector organisations.

### **3. Purpose and Values**

- 3.1 The Patient Engagement Strategy has been built on the foundation of the Trust's purpose and values. The Trust's purpose is to care for people in London: saving lives; providing care; and making sure they get the help they need.
- 3.2 The Trust's values state that, in everything we do, we will provide:
- **Care**  
Helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation.
  - **Clinical excellence**  
Giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care.
  - **Commitment**  
Setting high standards and delivering against them; supporting our staff to grow, develop and thrive; Learning and growing to deliver continual improvement.
- 3.3 Engaging with patients and the public in a meaningful way; listening to their feedback, involving them in their care and in the Trust's activities, will demonstrate our commitment to these values.

### **4. Caring for the Capital**

- 4.1 The Trust's five-year strategy, Caring for the Capital, was published in 2014/15.
- 4.2 Caring for the Capital outlines some of the challenges facing the LAS and how these will be addressed, as well as identifying ways of capitalising on the many strengths of the organisation.

- 4.3 It highlights the quality issues identified in other studies and reports, such as the Francis Report which exposed distressing examples of poor care at Mid Staffordshire and called for NHS organisations to ensure that patients are at the heart of what they do. Through the Francis Report's recommendations, the LAS was reminded of the importance of a positive, open culture where issues raised by patients or staff were listened to, addressed and resolved.
- 4.4 Some of the challenges for patient engagement are highlighted in Caring for the Capital. Over eight million people live in London, with many more coming into the city to work or visit every day; over 150 languages are spoken; the population is transient; there are extremes of wealth and poverty; and significant variations in quality and health outcomes.
- 4.5 Caring for the Capital summarises Sir Bruce Keogh's review into urgent and emergency care, which made a series of recommendations for improvement. These include the need to provide highly responsive, effective and personalised services outside of hospital where possible, minimising disruption and inconvenience for patients and their families.
- 4.6 Sir Bruce Keogh's report outlines five key elements for the future of urgent and emergency care services. These include providing better support for people to self-care, and to help them get the right advice in the right place. These elements of the report will be met by continuing and extending the Trust's public engagement activities, so that information can be provided to patients first-hand by LAS staff.
- 4.7 Caring for the Capital notes recent changes in the health needs and expectations of Londoners. Demand is increasing, there are constant changes in the make-up of London's population, and many residents do not speak English as their first language. It suggests that long term campaigns to educate people on London's health services do not achieve the desired outcomes, as many people have moved on.
- 4.8 Public health challenges such as obesity and mental illness are increasing in London, and the Trust is focusing its attention on these conditions as clinical priorities. Other groups of patients with increased numbers are those with chest pain, dyspnoea (difficulty in breathing) and alcohol-related calls. The Trust's public engagement activities enable staff to engage with these groups of patients and offer advice about accessing NHS services and managing their own conditions.
- 4.9 Caring for the Capital highlights the Trust's intention to listen to patients and use their feedback and experiences to improve the services we provide. We will do this by:
- Increasing the amount of patient experience information we collect.
  - Continuing and extending our public engagement programme of activities, targeting specific communities.
  - Engaging with groups of patients and patient representatives on strategic decisions and changes to the service.

These activities are all reflected in the action plan, which can be seen in the appendix.

- 4.10 The Trust's clinical priorities are patients requiring emergency care, urgent care, who have mental health problems, the frail elderly, those with long-term conditions and people who are at the end of their lives.
- 4.11 The strategy will be shown to have been successful when, in 2020, it can be demonstrated that:
- Patient feedback is positive and shows that they value the care and treatment received.
  - Patients have a strong voice within the Service and are shaping its discussions and decisions.

## **5. Quality Improvement Plan**

- 5.1 The CQC inspection report in 2015 included positive observations of patient involvement and engagement across the Trust.
- 5.2 The Quality Improvement Plan arising from the inspection ("Moving Forward Together") includes elements that will require patient engagement, in the Achieving Good Governance and Improving Patient Experience workstreams. These are:
- Achieving Good Governance: ensuring patients have access to the right information so they know how to feedback complaints or compliments about the Service. The project will also establish systems to gain feedback on the complaints process to make sure this is clear and easy to use. The ways in which complaints feedback is fed into Service committees, so that we learn from those experiences, will be reviewed.
  - Improving Patient Experience: there are three key improvement projects under this theme that will collectively improve the experience of LAS patients. They relate to improving the Patient Transport Service, ensuring the service meets people's needs and improving response times. There are projects within these three key areas which will enable the Trust to demonstrate improvements to a range of patient groups.

## **6. Other key priorities for patient and public engagement**

- 6.1 In addition to the areas of improvement identified in the previous sections, there are a number of other key priorities for patient engagement between now and 2020. These are reflected in the action plan, which is an appendix to this document.

- 6.2 The LAS has a good record of engaging with patients and the public. It has an active and engaged Patients' Forum, an independent lay organisation that continuously reviews the work of the LAS and the wider urgent and emergency care system from the point of view of service users, carers and the public. The Patients' Forum acts as a "critical friend" of the LAS and are regular attendees at a range of committees.
- 6.3 A wide range of other methods of engagement are also used, including focus groups and surveys, and events involving a partnership reference group and 10,000 'members' who have taken an interest in getting involved in the LAS.
- 6.4 The Trust also runs a programme of public and community events (approximately 60 per month across London). These activities are co-ordinated centrally and reported within the Trust's committee structure. Over 1,000 staff have expressed an interest in volunteering to take part. Each event is evaluated and feedback sought.
- 6.5 The Patient & Public Involvement (PPI) team is made up of four staff and one head of department. These resources, along with the non-pay budget already allocated for this area of work, will be sufficient to deliver the strategy. Therefore no additional financial or human resources are required at present. If new activity or priorities are identified during the course of this strategy, additional resources will be applied for at that time, in line with the Trust's existing processes and procedures.
- 6.6 The Trust's existing activities will be strengthened and developed, taking into account the increased external requirements to involve patients in service change and the expectation that patient feedback will be triangulated with other sources of information and lead to change. Information about patient engagement activities and the feedback received will be communicated regularly throughout the LAS through the Routine Information Bulletin, both to increase awareness and to share positive stories and examples of engagement.
- 6.7 The Trust will continue to engage meaningfully with patients so their views influence improvements in patient experience. It will ensure that patients will have a stronger voice in influencing service changes and strategic decision-making, as well as decisions about their care as individuals.
- 6.8 The Trust will ensure that the Board and senior leadership commit to changing the culture of the organisation to think about patient engagement in a different way: "nothing about us without us".
- 6.9 The Trust will continue to respond to external requirements for patient engagement, working in partnership with other organisations, e.g. emergency departments, the other blue light services and commissioners, to ensure the best value for money and to avoid duplication. The LAS will learn what works well from the perspective of other organisations, in order to derive the maximum benefit from patient engagement activities.

- 6.10 Patient engagement activities led by different teams within the organisation (e.g. the PPI team and the First Responder team) will be brought closer together in a shared action plan. This will enable the LAS to demonstrate its commitment and developments in the area of patient engagement in a more cohesive way.

## **7. Standards for patient engagement**

- 7.1 Patients, carers, and members of public who use the London Ambulance Service, or will potentially use it, are defined as the community served by the LAS. Other stakeholders, including community organisations and statutory bodies, also fall within the scope of people who are part of the LAS community.
- 7.2 The Trust will foster a planned and strategic approach to involving patients and members of the public in service design or re-design projects. Projects will set out the purpose and remit for patient engagement at an early stage in the plan, and colleagues leading on change or improvement projects will be guided on the levels of patient and public involvement and engagement that represent best practice.
- 7.3 The Trust will ensure that traditionally excluded people will be supported to participate as patient representatives and in engagement events. This will be delivered through existing partnerships such as Healthwatch groups across London, the LAS Patients' Forum, the Partnership Reference Group and other specialist voluntary sector organisations supporting people from hard to reach communities.
- 7.4 Patients will be involved at an individual level, an organisational level and at a public level. These levels of engagement are described in the following sections.

## **8. Patient engagement at the individual level**

- 8.1 At an individual level, the Trust aims for patients to be involved in their own care and treatment, and for their carers to be involved and informed as appropriate. The Trust will continue develop and embed a culture of involving patients in decisions about their care and treatment.
- 8.2 Carers are a vital source of support for patients, and can play a key role in providing information. The Trust will support staff to ensure they have the competencies to involve both patients and carers in clinical decision making.
- 8.3 The opportunity for patients to give the Trust feedback is one element of involving them in their care and treatment. The Trust has existing mechanisms for raising concerns and making complaints, via the Patient Experiences Team, and for expressing their thanks, through the Communications Team. The Friends & Family Test is available for See & Treat patients and Patient Transport Service patients. Surveys are targeted at specific patient groups for various initiatives and developments.

- 8.4 The Trust will continue to seek opportunities to elicit information about patients' views and experiences, and involve them as individuals. This will build on the existing methods of involving individuals by hearing their stories at Trust Board meetings, and by inviting them to speak about their experiences at events and conferences.
- 8.5 Individuals may be involved in the Trust in a variety of other ways, e.g. by becoming a community first responder, or signing up for the GoodSAM app so they can contribute directly to patient care.

## **9. Patient engagement at the organisational level**

- 9.1 Organisational level involvement is about patients and members of the public being welcomed into the organisation to ensure involvement in programmes and projects. Involvement at this level includes membership of Trust committees and groups. A number of groups and committees already have patient representatives, and the Trust intends to extend this level of involvement.
- 9.2 The Trust is committed to maintaining and increasing this level of public participation. Each involvement opportunity should be planned and supported, with the flexibility to enable all to participate without barriers. Where barriers to participation exist by virtue of any of the protected characteristics listed in the Equality Act 2010, the Trust will take action to overcome these.
- 9.3 The LAS will ensure that patient involvement activities will lead to improved patient experience, and that this can be demonstrated through evidence.
- 9.4 Engagement at the organisational level includes working with other organisations on joint activities, such as other health partners and the blue light services, and through initiatives such as the community defibrillator and emergency responder programmes.

## **10. Patient engagement at the public level**

- 10.1 The Trust's intention for engagement at a public level is to emphasise its commitment to looking outside the boundaries of the organisation for opportunities to involve and engage. As the only pan-London NHS Trust, the LAS has a significant contribution to make to London-wide health strategies, and to make connections between projects and initiatives in different parts of London.
- 10.2 At a formal level, the LAS has a role in participating in pan-London (e.g. Greater London Authority) and local (e.g. Clinical Commissioning Group) committees and groups. The Trust will ensure there is a coherent and systematic approach to London-wide and borough-level developments which impact on the LAS, or where LAS involvement is required.



## **11. Monitoring and evaluation**

- 11.1 Monitoring of the delivery of the strategy will be overseen by the Patient & Public Involvement Committee, which meets quarterly. In turn, the PPI Committee will report quarterly to the Improving Patient Experience Committee.
- 11.2 An annual report will be submitted at the end of each financial year through PPI Committee and Improving Patient Experience Committee to the Quality Governance Committee and Trust Board.
- 11.3 The action plan for the year 2016-17 is attached as an appendix. This comprises actions from all the sources identified above, actions carried forward from the previous plan, and introduces elements from the work plan of the First Responder team.
- 11.4 Each item on the plan will be reviewed quarterly by the PPI Committee, and assessed against the intended outcomes. Any causes for concern will be discussed and remedial action agreed by the PPI Committee, and will be escalated to the Improving Patient Experience Committee as appropriate.

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## Appendix: Patient Engagement Action Plan 2016-17

Number	Action	Progress & Assurance	Outcome	Timetable	Responsible
1	Demonstrate that action is taken by the Trust as a result of patient experience data and evidence.	<ul style="list-style-type: none"> <li>Source data from e.g. Friends &amp; Family Test results, survey and focus group feedback, community outreach work, Healthwatch groups, social media, complaints and incidents.</li> <li>Evidence impact on decision-making.</li> </ul>	Changes made and/or actions taken as a result of patient experience data collated, included in reports and published as appropriate.	Quarterly	PPI Team / Patient Experiences Team
2	Increase information-sharing and joint patient engagement opportunities with partner organisations such as local health providers, Healthwatch organisations, local authorities and commissioners.	<ul style="list-style-type: none"> <li>Explore and initiate opportunities for information-sharing and partnership working with a range of organisations, e.g. LFB and Met Police through Blue Light Collaborative.</li> <li>Develop relationships with local Healthwatch groups, including membership of the Partnership Reference Group and local engagement via Stakeholder Engagement Managers.</li> </ul>	Evidence of joint working with partners across the NHS and other agencies, leading to improved relationships and avoidance of duplication of effort.	Scoping April - Sept 2016 Then ongoing	PPI Team / Stakeholder Engagement Managers / Stakeholder Comms. Team
3	Annual report to Quality Governance Committee and Trust Board	<ul style="list-style-type: none"> <li>Annual report produced and submitted through Trust committees to Board.</li> <li>Quarterly progress reports to Trust Board.</li> </ul>	Annual report submitted and noted, containing key activities and achievements from the previous year.	April / May each year	PPI Team (ML)
4	<p>If no plans to become an FT, rename Foundation Trust membership group.</p> <p>Re-engage with this group and provide regular information about the LAS.</p>	<ul style="list-style-type: none"> <li>Approval gained of new name and Terms of Reference.</li> <li>Evidence of engagement through e.g. newsletters, events and invitations to participate in patient engagement activities (e.g. patient panels / representatives on Trust committees).</li> </ul>	Successful handover of FT membership information from Governance Team to PPI Team. Relationship with members / "Friends of the LAS" maintained and ongoing commitment secured.	April- July 2016	PPI Team / Governance Team

Number	Action	Progress & Assurance	Outcome	Timetable	Responsible
5	Explore opportunities to develop LAS volunteers (e.g. community first responders) and increase their role as 'LAS ambassadors' in their areas.	<ul style="list-style-type: none"> <li>Evidence of discussions with Head of Community First Responders and other interested parties.</li> <li>Submit proposal for discussion at PPI Committee and First Responder steering group.</li> </ul>	<p>Increased capacity to engage with local communities.</p> <p>Increased engagement of CFRs, and enhancement of their role.</p>	April-Oct 2016	PPI Team / Community First Responder Team
6	Scope involvement with Patient Navigator programmes.	<ul style="list-style-type: none"> <li>Scoping paper produced.</li> <li>Submit bid to NHS England.</li> <li>Pilot project developed in line with resources available.</li> <li>Evidence of benefits collected and reported.</li> </ul>	<p>Improved patient outcomes for selected patient group (e.g. frequent callers).</p> <p>Improved joint working with partner agencies.</p>	April-Oct 2016	PPI Team / Frequent Caller lead
7	Identify opportunities to include patients and patient stories in staff training.	<ul style="list-style-type: none"> <li>Evidence of discussions with education providers and consideration given to inclusion of patients in development and delivery of training (e.g. sickle cell)</li> </ul>	<p>Staff benefit from hearing patient stories first-hand and being able to ask questions.</p> <p>Content of staff training improved.</p> <p>Improved joint working with partner agencies.</p>	Ongoing	PPI Team / Education & Development team.
8	Patient engagement in service change, service delivery, design and redesign.	<ul style="list-style-type: none"> <li>Evidence of patient involvement in Quality Improvement Plan projects.</li> <li>Promotion by Board/ELT to encourage project leads to include patients in project structure and strategies.</li> <li>Approval of Patient Engagement Strategy.</li> </ul>	<p>Ability to provide good quality examples of patient engagement, leading to positive external perception.</p> <p>Projects and developments will benefit from patient engagement and statutory requirements will be met.</p>	Ongoing	Executive Leadership Team leads / PPI Team

Number	Action	Progress & Assurance	Outcome	Timetable	Responsible
9	Engage with Partnership Reference Group	<ul style="list-style-type: none"> <li>Evidence of two events per year.</li> <li>Evidence of information distributed between events.</li> </ul>	Key partner organisations (Healthwatch and relevant voluntary sector groups) informed of LAS developments. Improved ongoing relationships with those groups.	Biannually	PPI Team / Stakeholder Comms. Team / Stakeholder Engagement Managers
10	Patient representatives on assurance committees.	<ul style="list-style-type: none"> <li>Evidence of patient representatives on key committees.</li> </ul>	Trust will meet statutory requirements and other external standards. Benefits realised of good quality patient engagement in discussions and decision-making.	April-June 2016	PPI Team / Corporate Affairs / Chairs of key committees
11	Provide information, advice, support, guidance and materials to staff involved in public engagement work on behalf of the Trust.	<ul style="list-style-type: none"> <li>Evidence of patient engagement activity.</li> <li>Evaluation of activities and feedback provided to staff and their managers.</li> <li>High level of staff engagement.</li> </ul>	Large number of opportunities to engage with the public locally. Staff support and recognition leading to improved staff satisfaction and retention. Positive impact on external and internal reputation. Key information provided to wide range of community groups and individuals.	Ongoing	PPI Team / staff volunteers

Number	Action	Progress & Assurance	Outcome	Timetable	Responsible
12	Proactive LAS contribution to multi-agency road safety, knife crime and careers events and activities.	<ul style="list-style-type: none"> <li>Evidence of involvement in knife crime, road safety and careers events.</li> <li>Development of marketing materials for careers events</li> </ul>	Reduction in knife crime / stabbing / RTC incidents attended by the LAS. Ongoing attendance at careers events and activities leading to successful recruitment. Improved partnership working and relationship-building with key statutory and voluntary sector organisations. Positive reputation externally and in the media.	Ongoing	PPI Team / Recruitment Team / staff volunteers
13	Run Public Engagement Staff Development Programme	<ul style="list-style-type: none"> <li>One course with 12 delegates per year.</li> </ul>	Staff appropriately trained and equipped to undertake patient engagement activities. Improved staff retention due to investment in development. High quality patient engagement work leading to positive feedback and good reputation externally and with community groups.	October each year	PPI Team with support from Comms., Operations and other teams
14	Roll out use of GoodSAM app to the wider general public	<ul style="list-style-type: none"> <li>Identify appropriate individuals to target with GoodSAM app.</li> <li>Promote use of GoodSAM with those individuals.</li> <li>Link with other groups and activities, e.g. when relevant training has been passed.</li> </ul>	Increased numbers of people downloading and using the app. Evidence of use of app leading to improved patient outcomes.	2016 – 2017	First Responder team

Number	Action	Progress & Assurance	Outcome	Timetable	Responsible
15	Review list of LAS staff who are Heartstart trainers	<ul style="list-style-type: none"> <li>• Contact individuals on the current Heartstart list and establish whether they are still operating as Heartstart trainers.</li> <li>• Ensure any update training is provided as necessary.</li> <li>• Where staff no longer wish to take part in Heartstart training, recover any LAS equipment relating to this.</li> <li>• Re-launch for Restart the Heart Day (18<sup>th</sup> October)</li> </ul>	Up to date list of staff with appropriate training will maximise the Trust's contribution to Heartstart activities. More lives saved.	October 2016	First Responder team
16	Increase support and management of Community First Responders	<ul style="list-style-type: none"> <li>• Effective collaboration with St John Ambulance.</li> <li>• Improve retention of CFRs by reviewing initial and refresher training, involving them in other activities and providing increased support from LAS (First Responder team and Operations management teams).</li> </ul>	CFRs retained and appropriate training provided. Increased support from LAS leading to low turnover. Increased ability/capacity for LAS to respond to incidents appropriate for CFRs.	June 2016 to March 2017, then ongoing	First Responder team
17	Increase support and management of Emergency (blue light) Responders	<ul style="list-style-type: none"> <li>• Increase capacity of ERs by providing new vehicles and increasing staffing.</li> <li>• Explore possibilities of internal/external recruitment to ER scheme.</li> <li>• Review training requirements and develop internal trainers to deliver.</li> </ul>	Increased ability/capacity for LAS to respond to incidents appropriate for ERs. ERs appropriately trained and supported.	June 2016 to March 2017, then ongoing	First Responder team
18	Consolidate benefits of Defibrillator Accreditation Scheme and Defibs in Public Places	<ul style="list-style-type: none"> <li>• Review membership of Accreditation Scheme and link with new requirements.</li> <li>• Review effectiveness of both schemes and ensure benefits can be demonstrated.</li> <li>• Review performance reporting.</li> </ul>	More high profile organisations will sign up to DAS. Benefits of public access defibs demonstrated.	April 2016 – March 2017, then ongoing	First Responder team