LONDON AMBULANCE SERVICE

SCRUTINY REVIEW

REPORT OF OVERVIEW COMMITTEE

London Borough of Islington
December 2007
FOREWORD BY THE CHAIR

In July 2006 a fifteen year old girl, Kayleigh MacIlwraith-Christie, an Islington resident died as a result of an epileptic fit. The facts surrounding this case raised serious questions about the response provided by the London Ambulance Service locally and it was declared a ‘Serious Untoward Incident’. This required a full investigation by the Service and for a detailed action plan to be put in place. The Council was extremely concerned at the nature of this tragic incident and asked the Overview Committee to obtain assurances from the London Ambulance Service that lessons have been learnt and actions taken as a result.

I am pleased to report that the reaction of the London Ambulance Service to our request to carry out a scrutiny on this matter was extremely positive from the outset. The Service was keen to attend the Overview Committee at the earliest opportunity to inform Members of the actions that have been taken since the incident and to answer questions. The Overview Committee received a very informative presentation from the Service who were very open and frank about the shortcomings they had identified as a result of the investigations carried out after the incident. The Committee was also pleased to have in attendance Jean Murphy, Kayleigh MacIlwraith-Christie’s mother who had accepted an invitation to attend and who had the opportunity to question directly representatives of the Service and to hear from other members of the Committee. I understand that Jean Murphy, who has a copy of this report, has conveyed her thanks for the interest the Council has taken in this matter.

I consider that the Council can be assured by the actions that the London Ambulance Service has taken on this matter and the recommendations we have made in the report reflect that view. I would like to take this opportunity to thank members of the Committee for their assistance with this scrutiny and Jean Murphy for agreeing to accept our invitation to attend the Overview Committee and also her contribution to the scrutiny, and finally the London Ambulance Service for their positive, open and frank approach to the Committee’s scrutiny. I hope our report and recommendations will reassure the Council that lessons have been learnt and actions have been taken by the Service as a result of this tragic incident.

COUNCILLOR MERAL ECE
Chair of Overview Committee
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LISA SPALL

Acknowledgements
The Overview Committee would like to thank Jean Murphy and from the
London Ambulance Service, Graham Barwick, Nick Lawrence, Martin
McTigue who all gave evidence to the Committee.

Officer Support
Democratic Services : Peter Murphy, Peter Moore
Director of Public Health : Sarah Price
THE COMMITTEES RECOMMENDATIONS

1. The Committee welcomed that the London Ambulance Service and the Islington PCT have provided comprehensive information on the role that the service plays in providing emergency care and transport for the residents of Islington and London and the actions that have been taken to address previous weaknesses.

2. Given the changes that are taking place in the population and demographics of London, the Council should receive information on an annual basis on the steps being taken by the London Ambulance Service to address these changes in Islington in view of the continued growth in the daytime and night time populations of the borough - e.g., the number of emergency vehicles available during daytime/night time and the grade of staff they carry.

3. The strategic developments being made by the London Ambulance Service are to be welcomed, particularly in the area of patients with cardiac and stroke conditions - the Committee noted that the Medicines and Healthcare Products Regulatory Agency are discussing with the Home Office a consideration to change the law to allow Emergency Medical Technicians to carry and administer anti-convulsants and that there is also an alternative solution under discussion with the JRCALC centering around the utilisation of Buccal Midazolam. The Committee was aware that there were medical considerations for and against the proposal but felt that any proposals that might save lives in certain situations should be supported.

4. The Committee was re-assured to note the approach of the London Ambulance Service in dealing with patients with mental health problems.

5. The performance of the London Ambulance Service be considered by the Committee in the Annual Health Care Commission standards check.
1. INTRODUCTION

1.1 The Overview Committee approved the topics for scrutiny at their meeting on the 19th July 2007.

1.2 The Overview Committee, as part of its programme of work for the year, agreed to undertake a review of the operation of the London Ambulance Service in Islington.

2. OBJECTIVES

2.1 The overall aim of the review was to ensure that the London Ambulance Service is developing its service to meet the needs of the people it serves.

2.2 The objectives of the review were as follows:

- To understand the role the London Ambulance Service plays in providing emergency care and transport
- To understand the way the service is commissioned
- To receive an assurance that weaknesses in the London Ambulance Service have been addressed

3. METHODOLOGY AND TIMETABLING

3.1 The Overview Committee carried out their scrutiny within the terms of a Scrutiny Initiation Document which is reproduced at Appendix ‘A’ to this scrutiny review report.

4. BACKGROUND

4.1 In July 2006 a fifteen year old girl and an Islington resident died as a result of an epileptic fit. The facts in this case raised serious questions about the response provided by the London Ambulance Service locally and it was declared a ‘Serious Untoward Incident’. This required a full investigation by the service and for a detailed action plan to be put in place.

4.2 The Council was extremely concerned at the nature of this tragic incident and the subsequent death of a young female resident of the borough. The Overview Committee on behalf of the Council was keen to obtain assurances from the London Ambulance Service that lessons have been learnt and actions taken following the death of this young female from Islington as a result of an epileptic fit.
5. INFORMATION AND EVIDENCE RECEIVED BY THE COMMITTEE

Introduction

5.1 The Committee received a report on the strategic work of the London Ambulance Service across London as well as locally within Islington from the Islington PCT who are the commissioners of the service. The London Ambulance Service attended the meeting and gave a presentation to the Committee to supplement the report from the Islington PCT and to answer questions from the Committee and Jean Murphy, the mother of the young female.

Services Provided to Islington Residents

5.2 The Committee was informed that the London Ambulance Service is contracted to provide a variety of services to Islington residents and individuals visiting the borough. The London Ambulance Service’s work can be split into three main areas.

Responding to calls from the public and other health care professionals

Call takers in the Service’s Emergency Operations Centre in Waterloo receive calls. They triage (i.e. ask set questions to allow prioritisation of) the calls. The calls are categorised as A, B or C according to Department of Health Guidelines. London Ambulance Service then filter all calls according to the response time allocated.

Patient Transport Service

Hospitals have a duty to ensure that transport is provided for those outpatients who, due to the nature of their illness or condition, would otherwise be unable to make their appointments. Some provide this in-house whilst others open the process up to competitive tender. London Ambulance Service is one of the organisations that bid for this work. They currently hold about 40% of the market, providing c450,000 journeys per annum.

Emergency Preparedness

London Ambulance Service, working with other agencies, plays a key role in ensuring the capital is prepared for any number of different types of threat. Through the London Resilience Team, London Ambulance Service has contributed to the development of several plans under which they also have specific responsibilities. The plans include those for pandemic flu, humanitarian assistance centres, large-scale evacuation, mass fatalities and flooding.
How the service is commissioned and by whom

5.3 Islington PCT has a direct contractual relationship with the London Ambulance Service and as such has mechanisms in place to monitor its performance. Given the size and scale of the contract, lead commissioning arrangements are in place to ensure consistency in the commissioning arrangements between PCTs.

5.4 Each sector in London (there are five) has a nominated lead PCT who attend meetings convened by Richmond and Twickenham (pan London lead) with the London Ambulance Service to discuss performance and monitor the contract; the lead PCT for North Central London is Camden PCT, Camden PCT is a consistent attendee at these meetings and their representative provides comprehensive and regular reports to PCTs within the sector. Islington, like other PCTs, can feed concerns about performance through named leads to that formal meeting.

5.5 The contract for 2007/08 has been structured to incentivise improvements in performance, with a financial incentive for the London Ambulance Service to work with PCTs to ensure that patients who do not need to attend A&E are treated in the community, thus freeing up London Ambulance Service’s capacity to concentrate on Category A calls. Alongside these formal mechanisms, Islington PCT has very good links with the London Ambulance Service locally.

5.7 In terms of the Council's ability to scrutinise the performance of the London Ambulance Service it has a statutory responsibility to scrutinise local health services and the London Ambulance Service falls within these functions.

Performance Monitoring - London Ambulance Service Targets

5.7 The London Ambulance Service is monitored locally through the Service Level Agreement and regular contract review meetings. Performance management criteria are as follows:

- Accessibility;
- Promptness of response;
- Focus on patients (including quality of communication with callers, equal opportunities and respect for privacy, dignity and respect for religious and cultural beliefs, response to comments, complaints and suggestions, user involvement and consultation, reforming emergency care, clinical governance and National Service Frameworks); and
- Effectiveness of services.
### National Comparisons - outcome of health check 2006/07

5.8 The London Ambulance Service is also performance monitored nationally against three nationally agreed targets. In their recent Health Check 2006/07 the Healthcare Commission awarded London Ambulance Service the highest rating in the country, judging the Trust as 'good' for both its services and use of resources. Details are set out below:

<table>
<thead>
<tr>
<th>Target</th>
<th>Definition</th>
<th>Overall Score</th>
<th>Threshold</th>
<th>IPCT Result on component indicator</th>
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<tbody>
<tr>
<td>DoH Category A responses within 8 minutes (primary target)</td>
<td>Percentage of DoH Category A calls getting any response (ambulance, fast response vehicle, helicopter or any other first responder) within 8 minutes</td>
<td>Achieved</td>
<td>Achieved: =&gt; 75% Underachieved: =&gt; 70% Failed: =&gt; 70%</td>
<td>IPCT score: 75.2% achieved 61.8% of PCTs achieved this target</td>
</tr>
<tr>
<td>DoH Category A responses within 19 minutes (secondary target)</td>
<td>Percentage of DoH Category A calls receiving an LAS ambulance response within 19 minutes</td>
<td>Achieved</td>
<td>Achieved: =&gt; 95% Underachieved: =&gt; 90% Failed: =&gt; 90%</td>
<td>IPCT score: 98.3% achieved 90.8% of PCTs achieved this target</td>
</tr>
<tr>
<td>DoH Category B responses within 19 minutes (secondary target - ends Mar 2009)</td>
<td>Percentage of DoH Category B calls receiving an LAS ambulance response within 19 minutes.</td>
<td>Underachieved</td>
<td>Achieved: =&gt; 95% Underachieved: =&gt; 80% Failed: =&gt; 80%</td>
<td>IPCT score: 81.23% achieved 19.7% of PCTs achieved this target</td>
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Currently there are discussions taking place between London PCTs regarding negotiation of the target for Category B responses. Category B is currently at 84%, London Ambulance Service have produced a trajectory that will guarantee 88.5% during 2007/08. This is a little lower than the expected 90% level but London PCTs have judged that this is reasonable in light of the 3% growth in incidents,
good/good ratings in the Healthcare Commissioning Annual Healthcheck and various other challenges that have been reported during the year.

**Summary of the Incident**

5.9 The Committee was informed that on Friday 14 July 2006 at 18.53 hours the London Ambulance Service responded to an emergency call for a 15 year old female having an epileptic fit. The London Ambulance Service responded within the Government target of 8 minutes with an Emergency Medical Technician working on a Fast Response Unit. The Emergency Medical Technician initiated treatment in the form of airway maintenance and Oxygen therapy. An ambulance was sent from Camden Ambulance Station, which was staffed by a paramedic crew. However, this vehicle came across a road traffic collision en-route to the patient and had to stop and care for a motorcyclist who was unconscious and had sustained life-threatening injuries. A further ambulance was then dispatched however, this ambulance did not carry the paramedic grade required to administer the drugs needed.

**Recommendations and actions since the Incident**

5.10 Following this tragic death a detailed action plan was established with published time scales incorporated. The Committee learnt that the following recommendations (in bold) and actions (in italics) had been put in place:

- Putting in place systems to ensure that the control centre is aware of which vehicles are staffed by paramedics. In July 2006 a system was implemented in the Emergency Operations Centre that highlights the skill level status for all operational vehicles and shows which vehicles have paramedics on board.

- Putting in place systems to ensure that 'Status Epilepticus' calls are separately flagged so that a paramedic response is always considered. In October 2006 training was given to sector controllers within Emergency Operations Centre to highlight and ensure that all Status Epilepticus calls require an automatic paramedic attendance, if one is available.

- Lobbying the Medicines and Healthcare Products Regulatory Agency (MHPRA) to explore whether there is any possibility of relaxing the current restrictions on the use of Diazepam by Emergency Medical Technicians. A meeting took place with Medical Director and Senior Clinical Advisor and MHPRA on 24/10/06. It was agreed that Emergency Medical Technicians may administer previously prescribed anti-convulsants (PR route only), e.g. via suppository.
MHPRA are discussing with the Home Office a consideration to change the law to allow Emergency Medical Technicians to carry and administer anti-convulsants. An alternative solution is under discussion with JRCALC and centres around utilisation of buccal Midazolam.

London Ambulance Service - Strategic Development

5.11 The Committee was informed that Professor Darzi’s report ‘Healthcare for London’ published in July 2007 sets out a vision and framework for the strategic direction of primary and secondary care health services. This report was based on a review of current service provision and involved consultation with many stakeholders including members of the public and clinicians responsible for individuals care.

5.12 The report makes several recommendations for redesigning services and developing pathways to enable better access to the most appropriate care and reducing inequality in both access and health outcomes across London and its communities. The findings set out in the report are currently out for public consultation.

5.13 Some of the principles set out in the report build on some of the recent development work of the London Ambulance Service, for example:

Cardiac Model

5.14 The London Ambulance Service has already carried out a significant amount of work looking at best practice in cardiac care to get the best care for patients who have suffered a heart attack.

5.15 The London Ambulance Service worked in partnership with stakeholders to enable the setting up of a London-wide network of 24/7 Cardiac Centres to which patients with a suspected heart attack could be conveyed, offering specialist round the clock care. This was based on the clinical evidence that quick access to hospitals that are able to provide specialist acute care by specialist cardiologist had an impact on the survival rates of patients suffering specific types of cardiac arrest. Islington’s local specialist centre is UCLH, which includes the specialist Heart Hospital.

5.16 As well as a significant cultural change for the London Ambulance Service staff this centralisation of care required a large purchasing programme in order to equip vehicles with the 12 lead ECGs required to identify this type of cardiac arrest, and the delivery of a training programme to ensure staff could use this equipment effectively.

5.17 The implementation of this model has contributed to a significant increase in cardiac arrest survival rate.
Stroke

5.18 Building upon the cardiac model, the London Ambulance Service is now working in partnership with stakeholders to assess the possibility of setting up a similar network to treat stroke patients. The challenge here is to provide quick (within three hours of onset) access to CT scans in order to establish the specific type of stroke that has occurred, which will then dictate the best type of treatment. No firm decisions about this have yet been taken.

Urgent Care

5.19 Islington is working to develop a new urgent care strategy and the London Ambulance Service will be an important partner in delivering this. For those patients who are not so seriously injured it is also important that the care delivered after they contact London Ambulance Service is appropriate to their needs.

5.20 The London Ambulance Service will be one of a number of stakeholders that will need to be involved in developing this 'urgent care' strategy. The ideas they have progressed in other areas include:

- Training and deploying Emergency Care Practitioners to calls where they can use their extra diagnostic skills, prescribing skills and knowledge of local pathways to refer patients to the most appropriate service provider, or even meet their needs on the spot;

- Conveying patients whose needs are primary care or have a minor injury and who would have previously gone to Emergency Departments to closer walk-in centres or polyclinics;

- Not providing any further treatment for some patients who do not require it (e.g. fallers) but referring to local teams who can make follow-up visits to address the underlying cause of the problem (e.g. loose carpets, dangerous stairs, mixtures of drugs);

- London Ambulance Service call handlers contacting the local District Nurse Team to unblock a patient's catheter, rather than sending an ambulance;

- Meeting the needs of callers over the telephone with a team of Clinical Telephone Advisors who conduct in-depth consultations and offer advice and information.

Islington PCT will need to consider with the London Ambulance Service how they can help contribute to meeting the urgent care needs of the Islington population.
5.21 The Committee heard that currently the London Ambulance Service, in common with other Ambulance Trusts, start the clock for performance reporting when the chief complaint and location of the patient have been identified. In order to better reflect the patient experience, from 1 April 2008 Ambulance Trusts will be measured on performance times which commence when the call is connected to the London Ambulance Service. In effect this will require London Ambulance to save an average of 2 minutes per call to sustain Category A performance at 75%. This is a challenging target for the service but one that better reflects the experience of the patient.
6. THE FINDINGS AND CONCLUSIONS OF THE COMMITTEE

6.1 Following consideration of the information and evidence received the Committee raised a number of questions and points with the representatives of the London Ambulance Service and the PCT, which are summarised below:

- The Committee noted that on average only 10% of calls to the London Ambulance Service required an immediate, blue light, emergency ambulance response.

- It was the intention of the London Ambulance Service over the next few years to respond appropriately to every call by triaging (or assessing) as many calls as possible before a resource is despatched, and then connecting the patient with most appropriate NHS Service.

- In the area of major trauma – the cardiac care model used by the London Ambulance Service was one of the best in the world – the London Ambulance Service were able to identify the type of heart attack a patient was suffering from and take them if necessary straight to an angioplasty unit for appropriate treatment. Work is afoot to extend this model to stroke care.

- There were to be more emergency care practitioners put on the road and on call.

- Alternative care pathways were being developed in conjunction with the PCT. One excellent example under development will facilitate the referral of appropriate patients to a falls team. Once their initial injuries have been treated, patients will be visited by PCT staff who can address the underlying problems (e.g. loose carpets, cables and banisters, or drug mixes which prompt dizzy spells) which caused the fall in the first place.

- More Clinical Telephone Advisors will be recruited to provide advice over the telephone and avoid inappropriate admissions to A&E. There has been good public feedback on this service.

- Work was being undertaken with the Camden and Islington Mental Health Trust working with approved social workers to use resources in the best way possible for dealing with mental health users.

- It was noted that epileptic fits were included in the highest category of response which meant that a paramedic would be despatched as they needed to be highly trained.
During each hour of the day 65% of ambulances and 50-55% of fast response vehicles had a paramedic on board – in London there were 479 ambulances and 323 had a paramedic and 95 fast response cars and 46 had a paramedic – at night there were 3 ambulances with paramedics on board each night in L.B.Islington and 3 fast response teams.

A paramedic would be sent on the basis of a controller asking a series of questions to determine the nature of the problem – Category ‘A’ was an immediate possible life threatening condition – difficulty in breathing, profuse bleeding, heart attack, chest pains, road traffic accidents etc.

When dialing 999 it was important to give accurate information as to what is wrong with the patient – there was a high rate of inappropriate calls to the LAS.

Paramedic skills are only required on approximately 5% of calls. Therefore, as well as financial issues, “skills decay” is an important consideration in sustaining a competent, effective workforce. Paramedics need to use their skills regularly to get regular practice and it is just as important to have an appropriate skills mix to respond to calls.

In the case of the tragic death of Kayleigh Macilwraith-Christie, the LAS stated that the ambulance despatched had stopped at a serious road accident and it was the responsibility of the ambulance staff to show a duty of care and that they had made the right judgement.

Jean Murphy stated that a number of errors had contributed to the death of her daughter – firstly, a technician had been sent instead of a paramedic, the ambulance with a paramedic on board had stopped at a serious road traffic accident so another ambulance had had to be sent out to her daughter, however this only had a technician on board and not a paramedic who was accompanied by 2 trainees who were not aware of what to do – this led to a lengthy delay in getting her daughter to hospital.

The LAS acknowledged that mistakes had been made – the second crew that were despatched did not carry the paramedic grade required to administer the drugs required – it was common practice for trainees from university or paramedic school to accompany an experienced training supervisor on a call.

With regard to the projected population growth for London the LAS stated that they were trying to match the workforce to meet demands to be able to give a quality response, especially in emergency situations.
The EOC system that LAS used in order to assess patients was a system that prompts the next question, dependent on the answer previously given, and was intended to give an accurate diagnosis of the patient's condition.

Only paramedics were allowed to administer diazepam and not technicians. (EMTs are trained in basic airway management i.e. a Guedel airway or naso airway and can assist ventilations using a bag mask valve. Paramedics have extended airway management skills and can intubate with an endotracheal tube. It is these extended skills which are required for the safe administration of the drug)

Concern was expressed at the project population growth in the borough, including daytime population growth – more people worked in than lived in the borough and there needed to be confidence that the LAS had planned adequately for this.

The LAS stated that they were taking into account projected population growth of all London Boroughs – this even included factors such as the ageing population, ethnic background, London being a tourist centre, the Olympics. There are regular monthly meetings between the London Ambulance Service and its commissioners at which these issues are discussed.

It was noted that there was an emergency plan in place in case of any major incident, and work was undertaken with the Police, Fire Brigade and acute trusts in this regard.

Councillor Ece stated that there was an increasing casework for Councillors in respect of residents suffering from mental health problems and in a number of instances she had been informed that the Police had been called and enquired whether this was normal practice – the LAS stated that there were two types of assistance provided for mental health patients – a pre-booked service where a patient was assessed and, if appropriate, referred for treatment and the other was where there was a statutory responsibility to remove the person from a public place, for their own or others' safety. Only in the most severe cases was the patient taken in a police vehicle and, in this instance, a paramedic would travel with them - however this was rare.
Scrutiny Review Initiation Document

SCRUTINY REVIEW INITIATION DOCUMENT (SID)

Review: London Ambulance Services

Scrutiny Panel: Overview

Director leading the Review: Sarah Price, Director of Public Health

Objectives of the Review:
Overall Aim
To ensure that LAS is developing its’ service to meet the needs of the people it serves

Objectives of the review:
- To understand the role LAS plays in providing emergency care and transport
- To understand the way the service is commissioned
- To receive assurance that weakness in the LAS have been addressed

How is the review to be carried out. (Use separate sheets as necessary for 1-4 below)

Scope of the Review
- Information about the services provided to Islington residents by LAS
- How the service is commissioned and by whom
- Performance of the LAS against national standards
- The actions that came out of the KMC case
- The scope of the national ambulance review
- Changes that have been made to CHD pathways
- Proposals for changes to the pathway

Two types of evidence will be assessed by the review:
1. Documentary submissions including:
   - Information on the structure of services
   - Action plan for the KMC case
2. Witness evidence
- LAS borough lead
- LAS associate medical director
- LAS Head of Policy, Evaluation and Development

Consultation and communications plan:

The conclusions of the review will be available through:
- PCT Website
- Council Website

Programme

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<tr>
<th>Key output:</th>
<th>To be submitted to Committee on:</th>
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<tbody>
<tr>
<td>2. Timetable</td>
<td></td>
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<tr>
<td>3. Interim Report</td>
<td></td>
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<td>4. Final Report</td>
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This SID has been approved by the Overview/Review Committee.

Signed:                                                   Date:
Chair