

**CO-PRODUCTION CHARTER FOR URGENT AND EMERGENCY CARE AMBULANCE SERVICES IN LONDON**

1. **THE LONDON AMBULANCE SERVICE AND THE PATIENTS’ FORUM AGREES THAT:**

* Patients will have a stronger voice in the LAS than ever before
* The patient is at the centre of everything that the LAS does
* The LAS will listen to staff and patients to determine priorities
* Patients & carers will be involved in all LAS improvement work
* Integral to all LAS programmes must be the aim of robust patient and staff involvement
* The LAS will listen to patients, their families and carers, and respond to their feedback
* The goal of the LAS is to have patient involvement in all service redesign programmes and a patient involvement framework developed to apply this goal consistently
* LAS will widen and increase public involvement in the development of Pioneer services and monitoring of success
* A co-designed an co-developed patient and staff engagement model will be used to drive quality improvement across the maternity care model
* Services are organised so that they meet people’s needs

(Statements from the 2018 LAS Quality Account)

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1. **THE LONDON AMBULANCE SERVICE (LAS) AND PATIENTS’ FORUM FOR THE LAS (PFLAS) AGREE THAT THE CO-PRODUCTION CHARTER:**
2. Provides an effective means of designing, shaping and delivering

services in a partnership between the LAS and people who have

used service or may use them in the future.

1. Enables delivery of our shared objectives for the creation of better

services and outcomes for patients.

1. Sets out the potential outcomes that people can expect from the

co-production of urgent and emergency care services and other

care services provided by the London Ambulance Service.

1. Sets out the responsibilities of people taking part in the co-

production of services.

1. Establishes principles which are intended to achieve a vision of

service users as equal partners in the production of effective

urgent and emergency care.

1. Signals the direction of travel for integrated service development

between the LAS, patients and the public.

1. Is a living document and will be subject to annual review and

improvements, where these will enhance patient and public

involvement in LAS service development and/or improve the

outcomes of patient care

1. Does not replace or substitute for any other democratic processes,

NHS Constitution, Acts of Parliament or statutory instruments,

including the statutory duty to consult on all significant service

change.

**C) PATIENTS AND THE PUBLIC WILL BE ENCOURAGED TO**

1. Participate at the earliest stages in the design or redesign of LAS

services, where such changes my affect their care, treatment or

interaction with front-line staff.

1. Operate and function as equally valued voices, assets and

partners.

**D) EFFECTIVE COLLABORATION IS ESSENTIAL FOR**

**EFFECTIVE CO-PRODUCTION**

1. LAS and the PFLAS agree to work collaboratively in the best

interests of service users and the enhancement of their care.

1. The LAS and PFLAS agree to ensure that proposals for service

changes and improvements, will be the subject of joint work from

initiation of the process to completion, including feeding back to

service users on the results and outcomes of co-production.

**E) BALANCE OF POWER - THE LAS AGREES TO:**

1. Acknowledge the differences in power and resources between

those participating in co-production of services, and agrees that

the power differential will not be used to hinder the design of

enhanced care for users of urgent and emergency services.

1. Provide access to all the relevant information and documentation

relevant to achieving the shared goals of co-production in service

design

1. Value equally all those who participate in the joint process of co-

Production

**F) SUPPORT FOR PARTICIPANTS OF CO-PRODUCTION**

The LAS agrees to support participants by providing:

1. Any necessary training required to enhance the process of co-

production by the acquisition of new skills.

1. Equal opportunities for those who wish to participate and for those

participating.

1. Accessibility of venues and locations.
2. Sensitivity to the time when meetings take place, in order to avoid

rush hours and excess expenditure.

1. Translation into different languages; British Sign Language (BSL)

interpreters; Accessible Information Standards) and other formats

(including Easy Read).

1. Feedback on all aspects of co-production projects.

**G) THE PEOPLE**

1. The LAS and the PFLAS will encourage the participation of London

based service users, patients, carers, experts by experience,

residents, citizens, workers, children and young people in co-

production projects.

1. Healthwatch in every London Borough shall be invited to

participate in all co-production projects.

1. Health related voluntary sector bodies will be invited to participate

in relevant co-production projects, e.g. the Sickle Cell Society, Age

UK, Diabetes UK, the Stroke Association.

1. Those engaged in co-production will be asked to share the

responsibility to **e**ncourage partnership and collaboration based on

mutual trust and respect.

1. We shall encourage co-production participants to:

* Listen to each other and answer questions respectfully.
* Share information with wider communities, groups and stakeholders and feedback their concerns.
* Commit to ongoing involvement to keep momentum going.
* Commit to working together towards shared goals.
* Share outcomes of co-production in their newsletters, social media and reports.

**H) PARTNERSHIP BODIES, TRAINING AND RESOURCES**

1. Co-production should be championed by all relevant partnership

bodies including: LAS commissioners, the Clinical Quality Review

Group (CQRG), strategic, commissioning and policy groups and

boards.

1. Training and capacity building shall be provided for staff engaged in co-production, where possible jointly with the members of the PFLAS, Healthwatch, service users and the voluntary sector.
2. Dedicated resources and funding for co-production shall be provided by the LAS and their commissioners.

**END**