

Malcolm Alexander

Chair

Patients’ Forum for the London Ambulance Service

30 Portland Rise, N4 2PP

Sadiq Khan

Mayor of London

City Hall,

The Queen's Walk,

London SE1 2AA

August 21st 2017

Dear Mr Khan,

**Continuing Problem of Ambulance Queuing at London’s Hospitals**

I wrote to you on June 10th 2016, concerning major problems with London’s acute hospitals, resulting in the queuing of ambulances outside many of London’s A&E departments, which is seriously affecting emergency services and potentially causing serious harm to patients. You replied on July 1st (MGLA 150616-5269)

The situation continues to be extremely serious, despite claims by NHS England that the situation is improving. It is devastating for many patients to wait hours for an ambulance and then to queue on trolleys to get into A&E and then spend several hours in A&E. That could amount to 8 hours from the 999 call until discharge or admission - patients should not have to suffer as a result of the congested state of some of London’s A&E services. I attach a full set of data showing the huge number of breaches (30 plus minutes handover) for July 2017, and below you can see a few examples of the time taken from the arrival of ambulances at A&E to handover of patients to A&E clinical staff:

June 26  2 hrs  King's College Hospital
June 27  1 hour, 23mins University College Hospital
June 29  I hour, 32min  Newham General Hospital
June 29   2 hrs, 10 mins  Barts Hospital Cath Lab (Heart attack centre)
June 29   1 hr  Charing Cross Hospital
July 6  3hrs, 10 mins  Maudsley - Mental Health
July 12  1hr, 10 mins  St Helier
July 15  1hr, 4 mins  Hammersmith Cath Lab
July 18  2hrs,15 mins  Royal Free Hospital
July 27  1 hr, 9 mins  Barnet Maternity

I also attach our newsletter: LONDON’S AMBULANCE QUEUING SCANDAL CONTINUES.

Thousands of hours of ambulance time are being wasted due to queuing outside A&Es. Not only are patients in those queues suffering, but in addition, ambulances cannot attend to the needs of other patients laying on the road or their floor at home after a fall or accident. Some patients in a mental health crisis or those suffering suicidal ideation can’t get the level of service they need, and some patients in terrible pain, e.g. those in a sickle cell crisis, can’t get the pain relief they desperately need within a reasonable time.

Ambulance queuing is caused by a shortage of beds, staff and discharge facilities. NHSE has, despite numerous assurances, failed to resolve this crisis and there is no sign that NHS England, NHS Improvement or STPs have the ability or the resources to resolve this appalling problem.

We have sent our attached Newsletter to all CCGs, urgent and emergency care lead and written to every Borough Councillor in London to advise them of the situation. An article on the problem appeared in the Evening Standard on August 16th 2017 and is attached.

This problem won’t go away without concerted action from yourself, London Boroughs and Assembly Members working in collaboration with the NHS.

Patients are entitled to urgent and emergency care of the very highest standard. We can no longer tolerate the poor standards which many London hospitals are currently providing to people needing immediate care and treatment.

Will you please prioritise the reform of our A&E departments and the safety of people in London who require urgent and emergency care? Without your leadership on this critical issue, NHS leaders will continue to accept the queuing of sick people outside A&E department as a normal and insoluble feature of London’s NHS.

The highest priorities are:

1. Demanding that NHS England accepts responsibility for this major failure and takes action for immediate resolution of ambulance queuing.
2. Stopping the closure of A&E departments.
3. Demanding that NHSE/NHSI-London and CCGs ensure hospitals have adequate numbers of beds and casualty staff.
4. Demanding more effective collaboration between hospitals and their local authorities to enable effective and successful discharge.
5. Supporting the development of effective community healthcare teams to support patients who fall, those with dementia and mental health problems, so that they do not end up in A&E or suffering long inappropriate stays in hospital wards.

We believe it would also be very constructive for a public meeting to be held at City Hall jointly between you, your team and the Forum, to discuss the impact of ambulance queuing on patient care and treatment, and to propose solutions to this unacceptable situation. Would you be supportive of this proposal?

Yours sincerely



Malcolm Alexander

Chair, Patients’ Forum for the LAS

[WWW.Patientsforumlas.net](http://WWW.Patientsforumlas.net)

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Copy to Dr Onkar Sahota, Chair of the Health Committee and all Assembly Members