



Reference: AHC106120  
Date: 30/04/2007

**Your details**

Trust self-declaration:

Organisation name:	London Ambulance Service NHS Trust
Organisation code:	RRU

**General statement of compliance**

Please enter your general statement of compliance in the text box provided.

<p>General statement of compliance</p>	<p>Using the guidance from the Healthcare Commission our Trust Board has been given assurance by the evidence contained within the Assurance Framework that the organisation is fully compliant with the core standards of the Annual Health Check. The Board has received adequate information to make an informed decision that there has been no significant lapse in compliance with the twenty four core standards of the Annual Healthcheck for the period from 1 April 2006 to 31 March 2007.</p> <p>The Board has reviewed the risks that threaten the Trust's principal objectives which include managing the extent of risks to patients, staff and the public and how they may impact on the overall achievement of compliance with the core standards. It has also revised its Risk Management Policy and provided more comprehensive guidance on how to assess and report risks with the introduction of the Risk Assessment and reporting procedure disseminated to all staff.</p> <p>This review included assurance taken from the NHSLA Risk Management Standard for Pre Hospital Care in the Ambulance Service (Level 2 compliance has been maintained) and the Trust's Improving Working Lives Practice plus status. The Trust's Race Equality Scheme is in place together with disability and gender equality schemes that will be integrated into a single inequality scheme in the near future according to legislation. The Health and Safety Executive have highlighted the Trust as an example of good practice in health and safety.</p> <p>During the course of the period covered by this Final Declaration the local Regional Office of the Healthcare Commission has been helpful in providing advice and guidance on managing the process of the Annual Health Check.</p> <p>Internal Audit provided assurance prior to the submission of this Declaration with an audit of arrangements to evidence compliance with the core standards as part of our Annual Internal Audit Programme for 2006/07.</p>
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Progress with evidencing compliance with the core standards has been given to Richmond and Twickenham Primary Care Trust as our lead commissioners, in the format of the Assurance Framework received by the London Ambulance Service NHS Trust Board relating to the Final Declaration.

Comment has been invited from all London Boroughs' Overview and Scrutiny Committees. The Centre for Public Scrutiny invited the committees to contact the Trust and offer comments to be included in this Declaration. The Chairman of the Patients Forum wrote to all Overview and Scrutiny Committee chairmen, on behalf of the Trust, inviting them to provide comments. The GLA Health Scrutiny Committee was sent the Assurance Framework approved by the Board in the light of comments made by the Health in Hackney Scrutiny Commission Chair. Five Borough Overview and Scrutiny Committees responded for this declaration.

To place in context the commentary provided by the Patients Forum, the trust is aware that they have expressed their views about performance targets and related standards. We wish to point out the context behind their views, from our perspective in the following paragraphs.

The problem of staffing existing vehicles across the evenings on weekends has been a historic one within the LAS and is now largely resolved. The issue was always one of addressing the problem that staff do not particularly want to work weekends, and this problem had become more acute as the workforce profile changed over time to one of a greater proportion of younger staff with young families. The service designed and has successfully introduced a new weekend relief roster which now has some 250 staff working Friday to Monday and this has had the effect of extensively mitigating the risk. There are now fewer uncovered shifts at weekends than during the midweek and whilst it is true that we still need to boost the planned operational cover on Saturday and Sunday the acute problem has now been resolved. Plans are in hand as part of a full scale roster review associated with new ways of working to address this final issue during the next 18 months.

We are continuously reviewing our complaints handling arrangements to provide the highest standard of response to complainants and are concerned to resolve complaints regarding attitude. The Clinical Governance Committee is monitoring action taken on complaints relating to attitude. The actual number of complaints concerning attitude is 200 out of a total number of 2.5million patient contacts this year.

Whilst it is true to say that the definitions of Cat A, B and C are not well understood by the public there is ample evidence to suggest that they understand that it is correct to triage calls and to give the highest priority to our sickest patients. In addition whilst there are of course sometimes complaints about long delays these "delay" complaints amount to less than 0.03% of the 913,689 responses we made to the public of London in 2006/7. The LAS has achieved its primary response targets for the 6th year in a row despite ever increasing demand and is consistently improving on the numbers of life threatened patients reached in eight minutes. This does not make us complacent about those times when inevitably demand out-strips available resources and delays, particularly for non life-threatened patients are incurred. We not only thoroughly investigate complaints about delays but we also monitor long response times to all categories of calls with a view to learning lessons where we

	<p>can. The service constantly works with its commissioners to secure additional funding for more resources and has introduced multiple initiatives to improve response times. It should be noted that these improved response times have had significant health gain for Londoners as evidenced by cardiac arrest survival rates rising yet again to 10.9% which places London amongst the top performing cities in the world on this measure. We are striving to communicate with the public regarding these issues and have delivered several high profile campaigns designed to try and educate the public regarding sensible use of ambulance resources. All of these have been driven by a need to reduce delays by encouraging appropriate use and have had some benefits albeit short lived. We are committed to working with NHS London and the DH to continue to educate the public on how best to access healthcare and so protect ambulance resources for those who really need them. Finally we are striving to improve the collection of clinical outcome data and provide evidence for more clinically based targets. The LAS is recognised for its expertise in this field and does more than any other service in the UK to provide data for evidence based change.</p>
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**Statement on measures to meet the Hygiene Code**

Please enter this statement in the box provided.

<p>Statement on measures to meet the Hygiene Code</p>	<p>Arrangements to support compliance with the code are in place with appropriate management systems in place for infection prevention and control. The Infection Control Group ensures that responsibility for infection prevention and control is devolved to the appropriate professional groups and relevant support units within the Trust.</p> <p>The Medical Director is the infection control lead within the Trust and oversees implementation of the Trusts infection control policy and procedure. The Medical Director reports directly to the Chief Executive. As the Vice Chairman of the Clinical Governance and manager of the Clinical Governance Team, she supports the Annual Infection Control report to the Trust Board. Infection control is also included in the Medical Directors reports to the Board. The Infection Control Steering Group coordinates implementation of infection control policy, JRCALC guidelines and monitors the appropriateness of safety alert bulletins (SABS) to emergency care. The group is constituted of representatives from management and staff including an infection control specialist.</p> <p>The Infection Control Programme for the period covered by this report included an audit of every ambulance complex (group or station) and progress was fully detailed in the Annual Infection Control Report to the Board.</p> <p>An Infection Control Away Day was held and utilised the Essential Steps to Safe, Clean Care self assessment tool with facilitative support from the Department of Health team. The main outcome from the day was to identify priorities for action in the infection control programme action plan.</p> <p>The infection control audit programme has been reviewed and the clinical ownership of it enhanced with the redesign of the audit tool in the Infection Control Steering Group.</p> <p>Arrangements for cleaning by operational staff and operatives of the</p>
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	<p>Make Ready Scheme are held under continuous review by the Infection Control Group. Quality assurance is in place in the contract with the make ready scheme providers. Clear definition of their responsibilities for cleaning and those of Trust staff are set out in policies, procedures and contracts. The make ready scheme is responsible for cleaning the exterior and interior of ambulance vehicles including equipment, trolley beds and chairs. Operational staff are responsible for cleaning spillages and body fluids from equipment on the interior of ambulance vehicles.</p> <p>The Trust has a Decontamination Team who have been trained in decontamination process and hold the essential competencies for their role. As part of their core function they monitor the Trust's decontamination process to ensure that they are fit for purpose and meet the required standards. They also conform to the Trust's procedures for acquisition and maintenance of decontamination equipment. There are very few reusable medical devices used by the Trust but those used are decontaminated in line with best practice.</p> <p>In addition to the Decontamination Team, the Trust has established the Hazardous Area Response Team, of trust staff trained to provide life-saving medical care in hostile environments such as industrial accidents, national disasters or the scenes of terrorist incidents. They will also be capable of responding to chemical, biological, radiological, and nuclear incidents.</p> <p>The Trust complies with the duty to provide information on Health care acquired infections (HCAI) to patients and public by adhering to the Trusts Infection Control policy and procedure and the JRCALC guidelines. Visitors to the Trust and staff using its premises are advised by a range of media (including hand washing posters) of infection control requirements.</p>
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### Safety domain - core standards

Please declare your trust's compliance with each of the following standards:

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Compliant
C1b	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.	Compliant
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant

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C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Not applicable (ambulance / mental health / learning disabilities services should declare 'not applicable')
C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	Compliant
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Compliant
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Compliant

### Clinical and cost-effectiveness domain - core standards

Please declare your trust's compliance with each of the following standards:

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	Compliant
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that	Compliant

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	clinicians continuously update skills and techniques relevant to their clinical work.	
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

### Governance domain - core standards

Please declare your trust's compliance with each of the following standards:

C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	Compliant
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	Compliant
C8a	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.	Compliant
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Compliant
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no	Compliant

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	longer required.	
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

### Patient focus domain - core standards

Please declare your trust's compliance with each of the following standards:

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear	Compliant

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	access to, procedures to register formal complaints and feedback on the quality of services.	
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Not applicable (ambulance trusts should declare 'not applicable')
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Not applicable (ambulance trusts should declare 'not applicable')
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

### Accessible and responsive care domain - core standards

Please declare your trust's compliance with each of the following standards:

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	Compliant
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

### Care environment and amenities domain - core standards

Please declare your trust's compliance with each of the following standards:



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C20a	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Compliant

### Public health domain - core standards

Please declare your trust's compliance with each of the following standards:

C22a and C22c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and	Compliant
	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.	
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	Compliant
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and	Compliant

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	exercise, smoking, substance misuse and sexually transmitted infections.	
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

### Electronic sign off - details of individual(s)

#### Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Mr	Peter Bradley CBE	Chief Executive
2.	Mr	Michael Dinan	Director of Finance
3.	Mr	Martin Flaherty OBE	Director of Operations
4.	Ms	Fionna Moore	Medical Director
5.	Ms	Caron Hitchen	Director, Human Resources+Org. Development

### Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

Strategic health authority comments	<p>SHA comments re London Ambulance Service NHS trust (for inclusion in the Declaration against Core Standards 2006/7).</p> <p>In reviewing the declaration NHS London has followed the principle of self assessment, except where its performance reviews and information clearly indicate a different interpretation. This process has not highlighted any major concerns with the Trust's assessment.</p>
Patient and public involvement forum comments	<p>C1a, C14a, C14c</p> <p>C1(a)- Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experiences and information derived from the analysis of incidents.</p> <p>C14(a)- Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about and clear access to procedures to register complaints and feedback on the quality of services.</p> <p>C14(c)- Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate make changes to ensure improvements in service delivery.</p>

The Forum is represented on both the LAS Complaints Committee and the Clinical Governance Committee and plays a full part in the work of these committees in the development of both policy and good practice. Both committees are proactive in working collaboratively with the Forum.

The LAS is developing systems to monitor the implementation of recommendations made following the investigation of complaints; for example they producing outcome reports for every complaint and reporting outcomes to the Clinical Governance Committee. However, in the view of the Forum, although systems are developing gradually, they are not sufficiently advanced to demonstrate the impact that complaints have on improving performance of the LAS. As a consequence complainants have limited information about ways in which the LAS has changed in response to complaints.

C1a

C1(a) Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experiences and information derived from the analysis of incidents.

The Forum is concerned about the seemingly disproportionate number of attitude complaints concerning front line staff (paramedic and EOC staff). We have seen the Senior Clinical Advisor's note on this issue that was circulated to all operational staff and the advice given which we welcome. We maintain that more concerted action is required to improve the sensitivity of some front staff to difficult and challenging situations where patients may be extremely distressed.

C5, b, c, C11b

C5(b)- Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.

C5(c)- Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.

C11(b)- Healthcare organisations ensure that staff concerned with all aspects of healthcare participate in mandatory training programmes.

The Forum believes that the training system is not robust enough to ensure that all front line staff (paramedics and technicians) attend the training courses that are required for their registration and to update their training. We are aware that some staff are able to avoid clinical and equal opportunities training and would like to see stronger enforcement of measures to ensure that all staff are engaged in appropriate training programmes.

C5 d

C5(d)- Health care organisations ensure that clinicians participate in regular clinical audits and reviews of clinical services.

The Forum welcomes the very positive work by the Medical Director and

her team to provide the highest clinical standards of care. We are represented on the Clinical Audit and Research Steering Group where we are able to work collaboratively with the LAS to improve clinical standards.

The Forum is conscious of the LAS making efforts to achieve joint work with clinical staff in acute hospitals, but regrets the poor response from hospital Accident and Emergency Services to developing more effective approaches to joint clinical audit. We regard this as essential for the development of staff and effective clinical practice.

The loss of large numbers of PRFs by hospital A&E staff severely hampers opportunities for joint clinical work and monitoring of pathways of care. The failure of most front-line LAS staff to fill in the ethnicity box on the PRFs in our opinion hampers clinical care because the link between ethnicity and appropriate clinical care is not made.

C5d

C5(d)- Health care organisations ensure that clinicians participate in regular clinical audits and reviews of clinical services.

The Forum has worked closely with the LAS Senior Clinical Advisor for two years, to develop an effective policy in relation to people with Living Wills (Advance Statements/ Directives). Although we are satisfied that this issue is recognised as important by the LAS, we are concerned that sufficient progress has not been made in the development of an operational policy. The Forum acknowledges that IT solutions to solve this problem cannot be rushed, but is concerned that in the interim there are people with Advanced Statements/Directives for whom an appropriate system needs further development to meet their needs.

C7e, C8b

C7(e)- Health care organisations challenge discrimination, promote equality and respect human rights.

C8(b)- Health care organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

The Forum is concerned that the LAS has not made significant progress with regard to the employment of BME staff over the past three years. This issue has been raised repeatedly and although senior staff and Board Members are fully committed to change, there has been little progress in the ethnic composition of front line (paramedic and technician) staff during this period. The Forum is meeting with the Executive Director concerned in May 2007 to develop a more proactive approach.

C7f

C7(f)- Health care organisations meet the existing operational national performance requirements.

The Forum is aware that the shortage of crewed ambulances over Friday, Saturday and Sunday night is of considerable concern to the public and the cause of a great deal of anxiety. We are aware of the ORH review on this issue and appreciate that it is a high priority for the LAS and of recent improvement following an increase of circa 250 staff to work weekends. The Forum notes that this risk remains a high priority on the Trust's Risk Register.

C16

C16- Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.

Access to emergency services for people with hearing disabilities is an issue of major concern for the Forum and the LAS. The LAS PPI Committee and the Diversity Team are actively pursuing solutions to this crucial area of concern, though bilateral work with other agencies. The Forum is actively discussing this issue with the LAS and would like to see rapid progress and exploration of interim solution pending a full IT solution in the medium term. The Forum has a further meeting planned with the Director of Information Management and Technology on the Trust's commitment to user involvement in CAD 2010.

C17

C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

The LAS has been proactive in the development of PPI work across the service and is involved in a large number of initiatives to involve patients and the public in their work. The collaboration, led by the PPI Manager, between the LAS, National Centre for Involvement and several agencies (statutory and voluntary) in Tower Hamlets to develop effective involvement of patients and the public in the work of the LAS is in our view a model of best practice.

The LAS works openly and collaboratively with the Forum, providing information, access to senior staff and services, and opportunities for joint work in the development of policy and good practice.

C 17, 18

C17- The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.

C18- Health care organisations enable all members of the population to access services equally and offer choice in access and treatment equitably.

The Forum would like to see active progress with continuing consultation on the development and implementation of the Seven Year Plan. We

	<p>would welcome more evidence that the Plan is owned by the community and that new developments are fully consulted on.</p> <p>C19</p> <p>C19 - Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.</p> <p>The Forum is concerned that there is not enough progress with the development of mental health care within the LAS. This requires more comprehensive training for staff. Respect for those with mental health problems is also an issue that requires attention. The Forum welcomed an update at its March meeting, on the Trust's Mental Health Strategy and the implications for the LAS of the new Mental Health Bill, from the Head of Policy, Evaluation and Development.</p> <p>C22a</p> <p>C22 (a) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations.</p> <p>The Forum has worked very successfully with the LAS over the past year to persuade the NHS in London to improve the quality, access and outcomes of acute stroke care. We regard this as an excellent example of proactive collaborative work to improve public health across London.</p>
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**Overview and scrutiny committee comments**

Overview and scrutiny committee 1

<p>Comments</p>	<p>London Borough of Merton, Health and Community Care Scrutiny Panel.</p> <p>The Health and Community Care Scrutiny Panel met on 26 March to scrutinise the Annual Health Check of our local NHS trusts. The London Ambulance service was informed of the meeting and invited to attend, but were not asked to make a formal presentation due to time constraints and because no direct evidence relating to the LAS has emerged through the Panels scrutiny work in 2006/07. We were aware that the LAS would forward its draft declaration in due course, as you have now done.</p> <p>The last Panel meeting of this council year took place on 4 April 2007 so we will not be able to formally consider a response to the Healthcheck. Whilst this is unfortunate, I do not think that we would have been able to make a full contribution because, as I mention above, we have not gathered any evidence over the course of the year to support any comments we might make.</p> <p>With this in mind, I will share the documents you have sent with my colleagues on the Health and Community Care Scrutiny Panel for information, but we will not make a formal response to the content of the</p>
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	LAS declaration this year. Looking to next year's Healthcheck, it may be helpful for us to discuss how health scrutiny at Merton may forge better links with the London Ambulance service over the next year.
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### Overview and scrutiny committee 2

Comments	<p>Newham Health Scrutiny Commission.</p> <p>Due to its other workload priorities, the Health Scrutiny Commission has not responded to consultations, including the healthcheck from London Ambulance Service this year.</p>
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### Overview and scrutiny committee 3

Comments	<p>Health in Hackney Scrutiny Commission.</p> <p>The Health in Hackney Scrutiny Commission Chair would like to thank you for your request, however the scrutiny commission felt that comments would be best provided from the GLA Health Scrutiny Commission on behalf of London as they have the role of reviewing pan London services and probably would be better placed to provide useful comments.</p>
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### Overview and scrutiny committee 4

Comments	<p>The Royal Borough of Kensington and Chelsea, Health Scrutiny Committee.</p> <p>This Council's Health Scrutiny Committee will not be commenting on the LAS Core Standards Declaration on this occasion.</p>
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### Overview and scrutiny committee 5

Comments	<p>Haringey Overview and Scrutiny Committee.</p> <p>One of our meetings was cancelled and our resources have been fully utilised looking at the declarations of the 4 main local NHS trusts that we deal with on a regular basis.</p> <p>Would be happy to consider something next year. It would be very helpful if we could have an early idea of your deadlines etc. so that we can programme it in. It will be a bit of a challenge though as our Members do not have very much ongoing contact with the LAS. Its not like hospitals and GPs, which most people have some experience of - most people rarely come into contact with you. In order to comment and provide meaningful input, some sort of evidence base is required to draw upon and I very much doubt that we have that at the moment..</p> <p>We would, however, be very happy to develop our relationship with the LAS and I would suggest that our involvement next years is seen primarily as part of this process. We may get some comments that we can feed back but I think that, at this stage, this would probably be a</p>
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	<p>bonus.</p> <p>Anyway, thanks for getting in touch and we look forward to hearing from you again in due course.</p>
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