

**NHS****London Ambulance Service**  
NHS Trust

Dear patients and members of Sickle Cell Society,

On behalf of the London Ambulance Service (LAS), I am writing to thank you for your participation in our recent exploration into the quality of Sickle Cell care delivered by LAS.

The insights you shared have highlighted the challenges faced by patients living with Sickle Cell Disorder and the areas in which urgent improvements are needed. Your lived experiences and recommendations are helping us design more effective, compassionate, and equitable healthcare services.

Below (appendix 1) is a road map detailing the journey that your feedback has taken (so far) through our organisation, including to our Executive Committee, LAS Trust Board and over 250 LAS leaders. We also extend our thanks to Emmanuel and Angua, who shared their experiences with our Trust Board during a public meeting in September. Their experiences were extremely thought provoking and a video recording is available (please contact Croydon Sickle Cell & Thalassaemia Support Group for a link).

This is just the beginning of our journey to significantly improve the care you receive. To this end, we are pleased to share with you the key actions from our Sickle Cell Improvement Plan, designed directly from your feedback and recommendations (appendix 2), along with insights from our internal clinical audit and staff feedback.

We are committed to addressing these issues collaboratively with you and are pleased to invite you to feedback on the action plan at a virtual event in January 2025 (full details to follow).

In the New Year, we are looking forward to sharing more widely our LAS Reducing Health Inequalities Action Plan, incorporating our Sickle Cell Improvement Plan. We will share this plan with the aim to call on more Organisations to review the care they provide to patients with Sickle Cell Disorder.

Thank you once again for your invaluable, honest contributions and for sharing your experiences, which we appreciate can be difficult to re-visit. We are committed to improving the quality of care for all patients with Sickle Cell Disorder and ensuring that your voice remains at the heart of our work. Any members who wish to participate in the development of our upcoming training sessions would be most welcomed and supported to share your experiences with our clinicians.

Please do not hesitate to reach out to us via Aidan if you have any further questions or suggestions. We look forward to working closely with you in the coming months to achieve the improved care experiences and outcomes we have committed to.

Yours Faithfully,

Mary Emery

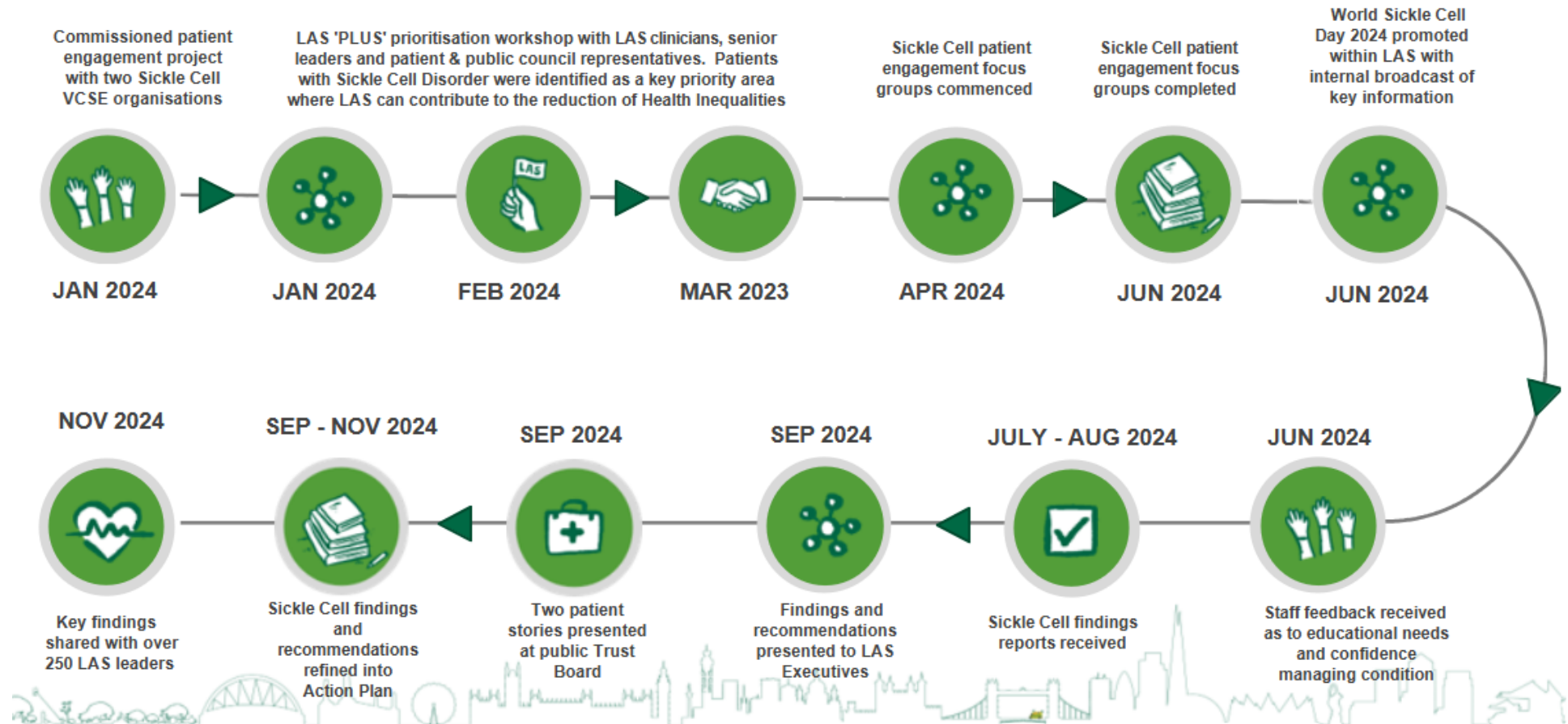
Consultant Paramedic, London Ambulance Service NHS Trust, on behalf of  
LAS Health Inequalities Team





# London Ambulance Service NHS Trust

## Appendix 1 Roadmap of patient and member feedback



## Appendix 2 Improving Sickle Cell Care Action Plan

SICKLE CELL PATIENT ENGAGEMENT – Clinical Training and Education Recommendations	ACTION	MEASURE OF SUCCESS	TIMESCALES	OWNER/KEY STAKEHOLDER
<p><b>London Ambulance Service training to ensure that staff have an understanding of sickle cell disorder, including;</b></p> <ul style="list-style-type: none"> <li>• pathophysiology and genetic inheritance</li> <li>• its life-threatening potential</li> <li>• the stigmatising attitudes experienced by patients with Sickle Cell Disorder</li> <li>• the importance of effective pain management</li> <li>• additional specific needs and considerations (e.g. weather)</li> <li>• the importance and benefits of specialist centres.</li> <li>• Look at Universal Care Plans</li> <li>• Handover at Hospital</li> </ul>	<p><b>Develop and deliver (to all clinicians) a multifactorial learning package on Sickle Cell Disease and Crisis which encompasses the following;</b></p> <ul style="list-style-type: none"> <li>• Anatomy, physiology and pathophysiology</li> <li>• life threatening features</li> <li>• best practice guidelines for management i.e no cold area handover to hospital</li> <li>• Entonox and Morphine myth busting</li> <li>• the use of Universal Care Plans</li> <li>• the 'whys' of Clinical Performance Indicators</li> <li>• patient advocacy with other Healthcare Professionals</li> </ul>	85% staff completed	Q1 2026/27	Consultant Paramedic/ Clinical Education and Standards
<p><b>Educate staff on the impacts of Sickle Cell Disorder on general patient health.</b></p> <p>Introduce case studies for staff to see how these signs and symptoms manifest, and which patients are at higher risk of life-threatening complications, such as those who have infections or are pregnant. This should go beyond the isolated management of Sickle Cell Crisis and should be considered for all patients</p>	<p>Review the content of both the induction and in-house training materials for clinicians regarding Sickle Cell Disorder and update where required</p>	Summary of review and amendments, if required, signed off via governance structure	Q1 2026/27	Clinical Advisor/Clinical Education and Standards
	<p>Review the 'Improving Patient Care' Sickle Cell document and update as required</p>	Update via ambulance guidelines	Q1 2025/26	Clinical Advisor

who have Sickle Cell disease but may present with other illnesses.	Provide guidance to staff regarding how to proceed when a patient's Universal Care Plan differs from ambulance guidelines for drug administration	Update in patient care handbook	Q4 2024/25	Clinical Advisor
	Engage with local university providers to discuss the findings of this review and identify any opportunities to feed into a review of Sickle Cell Disorder educational material.	Summary report of amendments, if required.	Q1 2026/27	Consultant Paramedic

<b>SICKLE CELL PATIENT ENGAGEMENT – Patient Centred Care recommendations</b>	<b>ACTION</b>	<b>MEASURE OF SUCCESS</b>	<b>TIMESCALES</b>	<b>OWNER/KEY STAKEHOLDERS</b>
<p><b>London Ambulance Service to consider how good practice can be embedded in all LAS care for sickle cell patients (e.g. through training, guidance and clinical audits). These factors include:</b></p> <p>Listening to patients and being open to learning more about the condition.  Clear and compassionate communication.  Providing appropriate pain relief and other supportive measures.  Offering the choice of which hospital to be taken to.  Playing an active role in handover to the hospital.  London Ambulance Service guidance and training for its staff to highlight the importance of a thorough handover to Emergency Departments that ensures effective continuity of care. This should highlight the role that LAS staff can play beyond the minimum operational requirements around</p>	Review the metrics of care that have been incorporated into Clinical Performance Indicators measurables, to ensure this reflects all aspects of best practice and includes updated National Institute for Health and Care Excellence recommendations such as the delivery of analgesia within 30 minutes. Involve patient representation within this review.	Summary of review and amendments, if required, signed off via governance structure	Q2 2025/26	Clinical Advisor/Clinical Audit and Research Unit
	Work with the Pan London Sickle Cell Improvement team to advocate for Hyper Acute Sickle Cell centres into which LAS can convey patients	Introduction of pathway	Q1 2025/26	Consultant Paramedic/ Senior Clinical Lead for Acute Pathways
	Explore the possibility of adding Sickle Cell care to the clinical outcomes information on electronic Patient Care Record	Electronic Patient Care Record update	Q4 2025/26	Clinical Advisor/deputy Chief Clinical Information Officer

<p>handover, such as playing an advocacy role for sickle cell patients.</p> <p>London Ambulance Service to share a copy of this report with NHS England, the All-Party Parliamentary Group on Sickle Cell and Thalassaemia and all four London Haemoglobinopathy Coordinating Centres and establish ongoing partnership working with these key stakeholders.</p> <p>Simplify initial patient assessments: streamline the assessment process to gather critical information quickly and reduce patient stress</p> <p>London Ambulance Service to engage with NHS England and the Commission on Human Medicines around the potential reconfiguration of service protocols that limit how much pain relief can be administered by Paramedics to sickle cell patients.</p>	Explore how LAS can notify relevant clinical teams of a patient who would benefit from a Universal Care Plan	Implementation of notification process	Q2 2025/26	Consultant Paramedic
	LAS to publish the findings of the patient engagement activities, internal review of care and the improvement action plan to key stakeholders (NHS England, Association of Ambulance Chief Executives, All-Party Parliamentary Group)	Publication	Q4 2024/25	Consultant Paramedic/ Communications team
	Review dispatch process and consider suitable dispatch profile for patients experiencing Sickle Cell Crisis (e.g. Registrant dispatch)	Summary report and amendments, if required	Q4 2024/25	Consultant Paramedic/ Integrated Patient Care/Ambulance Operations

<b>SICKLE CELL PATIENT ENGAGEMENT – Tackling Discrimination recommendations</b>	<b>ACTION</b>	<b>MEASURE OF SUCCESS</b>	<b>TIMESCALES</b>	<b>OWNER/KEY STAKEHOLDER</b>
<p>Address cultural biases and stereotypes, particularly the perception of Sickle Cell Disorder patients as "drug seekers," through focused training and education.</p> <p>Strengthen policies against discrimination: reinforce a zero tolerance policy for any form of discrimination</p>	<p>Display the findings from this engagement within Tackling Discrimination and Promoting Inclusivity part 2 training, including;</p> <ul style="list-style-type: none"> <li>information on implicit bias</li> <li>impact on patient care</li> <li>produce materials to be distributed to clinicians following the sessions</li> </ul>	85% staff completed	Q4 2025/26	Clinical Advisor/ Equality Diversity Inclusion team

<p>or bias, with clear protocols for reporting and addressing incidents. Implement regular training sessions on cultural competence and unconscious bias for all staff.</p>	<p>Hold a workshop with Associate Directors of Operations, Sector Senior Clinical Leads and Quality, Governance and Assurance Managers to introduce the findings of engagement and plan tailored approaches to sharing with sector clinicians. Educate Clinical Team Managers at clinical conference.</p>	<p>Workshop attendance and sector dissemination plan</p>	<p>Q4 2024/25</p>	<p>Clinical Advisor/Ambulance operations</p>
	<p>Procure an external company to provide bespoke training to clinicians regarding racial inequalities in healthcare. Include the patient voice within this training. Deliver to all clinicians via Team Based Working training days</p>	<p>Delivery to all clinical teams via Team Based Working training</p>	<p>Q4 2025/26</p>	<p>Clinical Advisor/Consultant Paramedic/Equality Diversity Inclusion team</p>
	<p>Provide guidance to patients regarding the Patient Experience Department process, reinforcing our zero-tolerance approach to discrimination and highlight avenues to raise concerns regarding care.</p>	<p>Inclusion in patient information materials</p>	<p>Q4 2024/25</p>	<p>Clinical Advisor/Patient Experience Department</p>

<b>SICKLE CELL PATIENT ENGAGEMENT – Patient Engagement and Advocacy recommendations</b>	<b>ACTION</b>	<b>MEASURE OF SUCCESS</b>	<b>TIMESCALES</b>	<b>OWNER/KEY STAKEHOLDER</b>
<p>London Ambulance Service to routinely involve sickle cell patients in training for its staff, whose lived experience testimony can help to convey the seriousness and impact of living with sickle cell.</p>	<p>Host a recorded Continuing Professional Development session with an interview/discussion with patients.</p>	<p>Delivery of session</p>	<p>Q4 2024/25</p>	<p>Clinical Advisor</p>
<p>London Ambulance Service to work with the Sickle Cell Society to develop educational communication to the sickle cell community, including;</p> <ul style="list-style-type: none"> <li>How LAS use Universal Care Plans</li> </ul>	<p>Invite a patient to the Trust Board to present patient story and to discuss the engagement work that has occurred</p>	<p>Trust Board presentation</p>	<p>Completed</p>	<p>Consultant Paramedic/ Programme Manager Health Inequalities</p>

<ul style="list-style-type: none"> <li>• 999 and 111 call processes</li> <li>• How LAS categorise and respond to Sickie Cell Crisis</li> </ul> <p>Acknowledge and incorporate caregivers: recognise the critical role caregivers play and involve them effectively in the care process during sickie cell crises.</p> <p>London Ambulance Service to work with the Sickie Cell Society to communicate to the sickie cell community about changes it has made to improve care, to contribute to restoring the trust of those who avoid using its services due to past negative experiences or negative feedback from peers.</p> <p>Support hospital Emergency Departments with provision of patient advocate rep to ensure patient voice is heard.</p>	<p>Create and distribute (via Voluntary, Community and Social Enterprise organisations) key information to patients regarding LAS; including accessing 111, 999, the use of Universal Care Plans, how emergency calls are managed</p>	<p>Publication of infographic</p>	<p>Q1 2025/26</p>	<p>Clinical Advisor</p>
<p>Design and implement recurring engagement with patient and Voluntary, Community and Social Enterprise organisations to update on progress against the improvement plan.</p> <p>Support hospital Emergency Departments with provision of patient advocate rep to ensure patient voice is heard</p>	<p>Design and implement recurring engagement with patient and Voluntary, Community and Social Enterprise organisations to update on progress against the improvement plan.</p> <p>Support hospital Emergency Departments with provision of patient advocate rep to ensure patient voice is heard</p>	<p>Publication of engagement schedule and completion of sessions</p>	<p>Q4 2024/25</p>	<p>Programme Manager Health Inequalities</p>