

HEALTH AND PUBLIC SERVICES SUB-COMMITTEE

Minutes of the Meeting held on Monday, 28th April 2014 at Retford Town Hall

58. REPORT(S) OF THE DIRECTOR OF CORPORATE RESOURCES

(c) **Review of East Midlands Ambulance Service (EMAS) Community Paramedic Trial and Update on Progress of Implementation of 'Being the Best'**

Members were provided with supporting information for the Review of the East Midlands Ambulance Service (EMAS) and updated on the implementation of its five-year 'Being the Best' Improvement Plan. EMAS' Quality Improvement Programme document entitled 'Better Patient Care' had been deposited in the Members' Room for information. A short video clip on the Improvement Plan had been played for Members prior to the meeting starting. Appendices to the report:

- Review Scope
- Copy of EMAS' presentation
- Executive Summary of EMAS' Quality Improvement Programme entitled 'Better Patient Care'
- Post Scrutiny Monitoring - overview
- Post Scrutiny Monitoring – full report

R Henderson, Director of Operations, and P Ripley, Deputy Chief Operating Officer/Divisional Director North, gave a slide show presentation which provided information on the implementation of 'Being the Best' and planned future improvements, including:

- Focus of the programme and the eight areas of activity
- Key changes and priorities for 2014/15
- Service from the moment a 999 call is received to the patient receiving treatment
- Statistics for 2013/14 regarding National Ambulance Performance Standards, calls in the Bassetlaw CCG area, methods of calls, calls by days of the week, responses in Bassetlaw, number of responses by town, top five responses by chief complaint, and performance during 2013/14
- Resources in Bassetlaw and those based at Retford and Worksop
- Community First Responder (CFR) schemes in Bassetlaw
- Turnaround trends at Bassetlaw Hospital from April 2012 to March 2014

Members were given the opportunity to ask questions:

In the call information, 3,119 calls are not accounted for – is there a reason for this?

R Henderson explained that there are always more calls than responses and gave an example of a paramedic or nurse in the Dispatch Centre offering triage or a referral over the phone which then did not result in a vehicle or ambulance response.

Can patients in our rural areas expect the same emergency response and level of service as in our main towns?

P Ripley explained that new initiatives are being looked at for the rural areas, e.g. Community First Responders. He stated that it is more difficult to provide the service in rural areas. He gave the example of the increased turnaround times to deal with a rural call compared to an urban area. In an urban area it could take 30-45 minutes to deal with a call and become free to deal with the next emergency. In a rural area that could take up to 1½ hours, or even longer in some cases.

What happened to the Community Paramedic Scheme?

P Ripley explained that this was an initiative by the former Chief Executive and has not been introduced as it would utilise existing staff and therefore reduce other front line staff. This is compounded by a national short of paramedics, some 3,000.

The figures should be combined for Harworth and Bircotes as they are adjacent each other, and as the figures indicate a high volume of incidences, are additional resources planned for Harworth and Bircotes, in addition to the planned community station for Langold?

R Henderson explained that initial proposals reduced the number of ambulance stations from 65 to 13 across the East Midlands region. After public consultation, these proposals were amended to reduce the number from 65 to 28, with support from community ambulance stations, like the one proposed for Langold. Ambulance stations such as Retford and Worksop are manned and community ambulance stations will become facilities where resources can be deployed to. The latest proposal is for one station for Bassetlaw, supported by community stations.

What happened to the funding from the Bassetlaw CCG for the Community Paramedic Scheme which the CCG thought would be a very useful resource in the rural areas?

P Mettam declined to answer at this stage but preferred to give his answer at the end of the presentation.

Will there be public consultation on the preferred stations for Retford and Worksop? There are concerns that ambulance crews will be located in portacabins and/or that they will be co-located with other facilities.

R Henderson explained that consultation has taken place with operational staff. The 'portacabins' are modular units kitted out with toilet and kitchen facilities, and staff are pleased with the prototypes. There have been positive discussions with other agencies, such as Fire, Police and health partners, about sharing locations. It is unlikely therefore that any modular units will be used in Bassetlaw because the service can be co-located with other partners. The local community will not see any changes now that the hub at Mansfield is no longer being considered. It is possible that the main ambulance station for Bassetlaw could be co-located at the new Fire Station in Retford or at Retford Hospital, or could be in Worksop. Final proposals will be considered by the Board at the end of June 2014.

The Community First Responders appear as two groups covering Bassetlaw, one of which covers Harworth but also Clarborough, etc?

P Ripley explained that the CFRs are badged as two schemes, although there are multiple teams in each group.

Are the resources available for Bassetlaw really dedicated to Bassetlaw or do they go out of the District?

P Ripley explained that ambulances can go out of the area, for example when transferring patients to other hospitals, and when this happens every effort is made to move another ambulance into the area. The ambulance is sent back to its own area as soon as possible but it may be called out en route whilst travelling back. The ambulances work equitably across borders.

P Mettam thanks Messrs Henderson and Ripley for the presentation and particularly the local information. He had met the interim Chief Executive and the new Chair of EMAS last autumn and, at the time, was optimistic yet sceptical. For example, the Community Paramedics had been deemed to be a good idea but had not yet happened. EMAS' focus used to be on transport and estates but is now different, although six months later not much has happened. EMAS now engages more positively and has started to attend a multi-agency Urgent Care Board.

In the last few weeks, the Bassetlaw CCG has challenged EMAS to come up with:

- Proposals to improve response times across Harworth and Bircotes and the north-east of Bassetlaw.
- Proposals to change the 'heat map' and therefore improve patients' life chances.
- Proposals to ensure that local paramedics work more locally as part of the local pathways.

P Mettam went on to say that a modern ambulance service needs to be better integrated. Staff need to be valued, supported and developed. Last autumn the CCG offered to house the Retford Ambulance Station within the grounds of Retford Hospital to create a single point of access. This offer was made in writing and is still available but has not yet been accepted. The CCG wants the ambulance service to be part of the Bassetlaw health community and not simply part of the wider service across the East Midlands. Locally based paramedics and ambulance staff are invaluable as is continuity of paramedics and service professionals. This is key to maintain service standards and service quality. He would like to see EMAS recover its reputation by delivering what has been asked of them to provide a better service.

R Henderson responded to the three challenges:

- The area in northern Bassetlaw/south Yorkshire needs attention to improve response times and new schemes/alternatives are being looked at to provide a more dedicated resource.
- Good data is now available for the 'heat map', also outcome data is available from the CCG. This will show whether an equitable service is now being provided across Bassetlaw.
- GPs are also asking for local paramedics and EMAS will encourage this initiative; however, many paramedics travel from outside Bassetlaw to work. There is also a greater turnover of paramedics, 7% compared to 2% annually, with work off-shore and in other countries being more attractive and better paid.

P Ripley reiterated that EMAS wants to be visible in the local community and that the challenge in Bassetlaw is recognised. He is delighted with the early signs of improvement but reinforced that they have to be sustainable. In urban areas e.g. Nottingham City, it can sometimes be easier to manage, for example the call cycle can be shorter, 30-40 minutes, as the hospital is nearer compared to a rural call where we have further to travel to hospital so it can take over an hour. Hence, fast response cars are used in the first instance in rural areas.

The performance figures show that EMAS is off target across all performance indicators – when do you expect to see improvements?

R Henderson acknowledged that the figures are wholly inadequate and stated that there are plans in place, e.g. establishing core problems, additional resources, etc, which need embedding once they are confident that the model addresses these needs. There is a strong plan in place which is assured and supported, and which will ensure an equitable service across the East Midlands.

P Mettam asked if they would be confident enough to bring in some paramedics to ask them if things had improved, and R Henderson replied that there has been issues with engaging staff. They scrutinise both internally and externally, and hold engagement events with staff. He is confident that this will improve over time. The Chairman, however, wanted to protect these staff and did not want them to be personally held accountable for service failures.

With regard to CFRs, those in Misterton are celebrating their tenth anniversary this year and do a superb job, covering five villages, and also the Clayworth/Mattersey area – however, they have to fund-raise to purchase their uniforms and have to pay travelling expenses out of their own pocket. What happened to the “explosion” of CFRS which was promised by the former Chief Executive?

R Henderson explained that the number of CFR schemes had been significantly increased. EMAS now supplies ambulance cars to some areas and has increased the mileage allowances. The supply of uniforms to CFRs is being explored but these need to be standardised across the East Midlands. The hard and invaluable work of CFRs is recognised by EMAS.

With regard to co-location, surely it is more practical to work together, particularly in light of cutbacks? For example, could not the new Fire Station in Retford also house the Ambulance Station? It is felt that a ‘hub’ in Mansfield would be too far away from Bassetlaw. Examples of such working would like to be seen in the next six months.

R Henderson explained that EMAS is engaging with local organisations regarding shared estates, e.g. with the Fire Service, and co-locations and joint new builds are being looked at. Public engagement and education is taking place with others, e.g. going into schools with the Fire Service.

The CFRs in Clarbrough are very well respected but the lack of funding is a concern.

R Henderson reiterated that EMAS needs to be sensible with its resources to ensure that front line crews are maintained. EMAS is committed to CFRs and their vehicles, but cannot directly fund the CFRs, although they do assist with the fund-raising.

As 'falls' are the chief complaint, how can an ageing population be planned for i.e. using demographics?

R Henderson explained that the performance standards are both challenging and frustrating, and the figures for Bassetlaw are replicated across the East Midlands. There are good examples of 'falls teams' which could be expanded for use as first responders, providing a different service to the frail and elderly. Local CCGs have assisted in this regard in some rural areas.

Do CFRs contribute to EMAS meeting its targets?

R Henderson replied positively, they are included in the performance figures. CFRs support the ambulance crews and can help the patient in the first instance if they get to them quickly.

P Mettam again requested that EMAS asks local staff what would make the most difference to their job satisfaction. For example, new equipment, uniforms, meal breaks, etc.

R Henderson explained that with the support of the CCG, they can work together as a team and also develop patient pathways which would be known to the local paramedics.

With regard to the final destination figures, which hospitals are used?

P Ripley explained that this information had been presented to the Urgent Care Board, and that the majority in this area go to Bassetlaw or Doncaster, with a few going to specialist hospitals elsewhere.

The Chairman thanked all the speakers for attending the meeting and that the information had been very useful to Members.

RESOLVED that:

1. The information be received.
2. A review takes place in six months to include a Bassetlaw 'heat map' and results of staff consultation.
3. Scrutiny Officers from Bassetlaw District Council draft a questionnaire for use in staff consultation.

These actions were agreed by P Ripley who also agreed to share progress on the actions.