

Recommendations of the Scrutiny Review of the West Midlands Ambulance Service in Herefordshire – February 2009

Resources

1. That the need for resources be regularly assessed, at least every two years, to take account of factors such as increasing population and changing demographic profile.
2. That, if Malvern is at higher risk of needing ambulances, resources to cover this potential need should come from Worcestershire, not Herefordshire.
3. Following the suggested needs assessment and via agreed commissioning protocols, it is likely that our findings will be supported - that additional ambulances are required, and that at least one is allocated to Herefordshire which should be based in Ledbury where a station with a wide network coverage already exists, and as the only station which does not currently have 24-hour coverage.
4. That commissioners agree enough funding to enable WMAS to properly fulfil its duty of care towards Community First Responders, and to equip and reimburse them according to volunteering best practice guidelines without having to rely on charity.
5. That CFRs could make an even more effective contribution to the service if they were more supportively managed and effectively deployed. However, their contribution should not be a substitute for meeting targets through normal resources, but for achieving added value. The health scrutiny committee looks forward to scrutinising the contribution of the new CFR organiser towards achieving these goals.
6. That a concerted campaign at all levels is conducted to demonstrate the need for “rural-proofing”, and that costs of service provision are equitably shared between localities in the West Midlands region.
7. That scrutiny of the commissioning process for the ambulance service, and the Patient Transport Service (PTS), be conducted. The review group recommends a separate review of the PTS, possibly in collaboration with the Herefordshire LINK (Local Involvement Network).

Pressures on the service

1. That effective measures are implemented to ensure all emergency ambulance arrivals are accommodated safely in the hospital within 30 minutes, and that all other measures to reduce inappropriate use of emergency services and to release beds safely be urgently implemented.
2. That both WMAS and the Hospitals Trust improve, in collaboration with each other, their triaging and ambulance clearance time procedures.
3. That information on collaboration with Wales be sought by the Independent Review, including provision by sister services in Wales of data on the amount and nature of cross-border work.
4. That the health scrutiny committee request a report on the out-of-hours (OOH) service provision in the county.
5. That the OOH provider conduct a comprehensive publicity campaign on the out of hours telephone number.
6. That improvement in collaboration and co-location of blue light services be encouraged.
7. That regular and immediate progress reports on EOC reconfiguration be supplied for scrutiny by Herefordshire’s health scrutiny committee, especially

regarding resource drift – away from the county, and overall - and response performance.

Data and information

1. That commissioners, SHA and DoH measure ambulance service performance by outcome-based indicators as well as response times, for example, by measuring the progress of patients from when an ambulance is called to when they are 'handed over' to a hospital.
2. That all ambulance service response time data be available disaggregated by post code for all localities within WMAS.
3. That targets for rural Herefordshire be considered. These should be realistic without risking diminished performance.
4. That public education on EOC technology (when it is functioning effectively), and about why local knowledge is not needed, be conducted.
5. That public education on life-saving techniques be undertaken within the community, with particular emphasis on schools.
6. That the Patient Report Form and other paperwork where possible be computerised and simplified as a matter of urgency.
7. That data collection by, and dissemination from, WMAS – especially relating to patient outcomes - be greatly improved, as it is currently difficult to obtain a full, reliable picture.
8. That effective triaging of patients, communicated at the earliest stages to hospitals (for example by EOCs, or crews on first seeing a patient) and followed up by further triaging at hospital by senior clinical decision-makers, be implemented as a matter of urgency.