

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday, 2nd March, 2007 at 2.00 p.m.

Present: Councillor W.J.S. Thomas (Chairman)

Councillors: Brig. P. Jones CBE, G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams

In attendance: Mrs A Stoakes Vice-Chairman of the Primary Care Trust Patient and Public Involvement Forum.

87. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Mrs W.U. Attfield, Mrs E.M. Bew, G.W. Davis, T.M. James, and J.G. Jarvis.

88. NAMED SUBSTITUTES

There were no named substitutes.

89. DECLARATIONS OF INTEREST

There were no declarations of interest.

90. MINUTES

RESOLVED: that the Minutes of the meeting held on 7th December, 2006 be confirmed as a correct record and signed by the Chairman.

91. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

There were no suggestions from Members of the public.

92. PRESENTATION BY THE WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

The Committee received presentations on the Trust's performance and the Annual Health Check.

Presentation by Mr Derek Laird, Locality Manager for Herefordshire and Worcestershire

Mr Laird gave a presentation on the Regional structure, opportunities facing the Trust, operational performance and operational priorities.

In terms of opportunities facing the Trust he reported that:

- Demand for the ambulance service across the Region was rising by 6%. In Herefordshire and Worcestershire there was a 9.8% rise. In Herefordshire itself

the rise was 8.6%.

- A number of patients were being taken to Accident and Emergency Units who could be cared for differently. It was estimated that some 30-40% of those phoning the service could be better treated by a GP or an Emergency Care Practitioner. When calls were received at the locality HQ at Bransford triage was being undertaken to avoid taking people to hospital unless necessary.
- Some problems were being experienced in turnaround time for ambulances at hospitals
- There was an average wait of 5-6 seconds for 999 calls to be answered
- Sending a Paramedic did not always reflect patient need and work was being carried out to assess requirements and examine how a better service could be provided.

In terms of performance he highlighted

- that Standard A8 (responding to 75% of category A (life threatening) calls within 8 Minutes) was generally being met both in the Locality and in Herefordshire. The performance across the Region was the best in the Country. There was, however, no complacency and the service did face capacity issues.
- In relation to A 19 (responding to 95% of Category A calls within 19 minutes) and B 19 and C 19 (responding to non-life threatening calls within 19 minutes) he reported that reaching some areas within the 19 Minute targets was one of the most testing challenges within the Locality, although the Region as a whole was doing well.
- The response to ensuring that 95% of GP urgent cases should be at their destination within 15 minutes of the time stipulated by the GP had improved significantly since July following a change in Strategy.
- That in terms of response the Locality was one of the best in the Region.

Key objectives and priorities included

- Improving quality and consistency of care, developing clinical and outcome indicators with a progressively tighter focus on response times
- Improving efficiency and effectiveness with effective use of technology and new models of service delivery. The development of the role of Emergency Care Practitioners and first responder schemes was particularly important in a rural area.
- Developing an Organisation that was fit for purpose, improving clinical and managerial leadership and developing the organisation structure and style with the aim of reducing management overheads and reallocating resources to frontline services.
- Supporting performance improvement through establishing consistent measurement across the Country as a whole and service redesign, recognising the needs and demands of patients. Mr Laird gave an example of 5 calls received on a Saturday night in Hereford within 30 Minutes. Whilst this was a rare occurrence with only two vehicles available this had caused difficulties. He

noted that many calls on a Saturday were as a result of drink related issues.

Operational Priorities were:

- Sustain key performance indicators and break even financially.
- Restructure localities to meet operational need. Fridays and Saturdays were very busy, putting resources under pressure.
- Purchase new vehicles – moving from a 7 year replacement policy to a 5 year replacement policy over the next 2 years if affordable.
- Integration of Services with Primary Care Providers, working closely with the Primary Care Trusts.
- Investment in Clinical Training, one of the most key issues
- Further Education
- Maintain Patient Transport Services as the preferred provider.

In the course of discussion the following principal points were made:

- In response to a question about cross-border services Mr Laird said that the principle was that the nearest available ambulance would attend a call. Agreements were in place across the Region. The Hereford and Worcester Locality had traditionally had agreements with South East Wales and Gloucestershire and there had been mutual support although as Hereford and Worcester had slightly more resource more support had been given than had been received. The situation was monitored and he had recently written to the Chief Executive of the ambulance service for the Welsh Region drawing his attention to an increase in the level of cross-border support the Locality was having to provide and that this could not be sustained without an impact on the Locality.
- Asked about the first responder scheme he reiterated the importance of this service in a rural area. Currently there were about 140 first responders in the locality. He thought a group of some 350-400 would be appropriate. Efforts were being made to expand and support the scheme.

Members suggested that the scope for publicising the first responder scheme in Council publications such as Herefordshire Matters and through the Community Forums might usefully be explored.

It was also suggested that collaboration with the Fire Service and Police Service might help to identify potential recruits to the scheme. The potential promotional role of the Patients Forums was also noted.

- Mr Laird reported that there were discussions about forming a locality comprising Herefordshire, Shropshire and Worcestershire.
- Mr Laird commented on the deployment of ambulances noting that flexibility was required across the Locality. An ambulance stationed in one town could not be deployed exclusively to incidents within that one area if demand for service dictated otherwise.

- Asked about the reasons for the growth in demand he said that these were difficult to pinpoint. It was thought that some of the increase was attributable to the changes to the GP out of hours service. Whilst he himself considered the service relatively effective in Herefordshire there seemed to be a feeling on the part of patients that they wanted to use a service with which they were familiar.
- The implications of the binge drinking culture were also discussed. Mr Laird commented that whereas at one time calls had tailed off after, say, 2.00 am they now seemed to continue for several hours more. This was placing additional strain on staff.
- In reply to a question about turnaround times at hospital Mr Laird said that performance was the best in the region by some way. However, there were concerns, particularly at Worcester hospital. Efforts were being made to improve the situation.

Presentation by Sue Green, Regional Head of Risk and Governance

Sue Green gave a presentation on the process for the Annual Health Check 2006/07 and its main elements and the information which could be made available to the Committee.

The Chairman requested a copy of the Trust's draft declaration for circulation to the Committee.

The Chairman thanked Mr Laird and Ms Green and informed them that the Committee intended to hold an additional meeting on 30th March, 2007 at which it planned to determine its Health Check declaration.

The meeting ended at 3.05 p.m.

CHAIRMAN