

# A G E N D A

## Health Scrutiny Committee

Date: **Wednesday, 25th February, 2009**

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Time: **2.00 p.m.**

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Place: **The Council Chamber, Brockington, 35  
Hafod Road, Hereford**

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Notes: Please note the **time, date** and **venue** of the meeting.

*For any further information please contact:*

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### Herefordshire Council



# AGENDA

## for the Meeting of the Health Scrutiny Committee

To: Councillor JK Swinburne (Chairman)  
Councillor AT Oliver (Vice-Chairman)

Councillors WU Attfield, PGH Cutter, MJ Fishley, P Jones CBE, G Lucas, GA Powell, A Seldon, AP Taylor and PJ Watts

### 1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

### 2. NAMED SUBSTITUTES (IF ANY)

To receive details of any Member nominated to attend the meeting in place of a Member of the Committee.

### 3. DECLARATIONS OF INTEREST

To receive any declarations of interest by Members in respect of items on the Agenda.

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### 4. MINUTES

To approve and sign the Minutes of the meeting held on 5 December 2008.

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|--|---------|
| <b>5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</b>   |         |
| To consider suggestions from members of the public on issues the Committee could scrutinise in the future.   |         |
| <b>6. WEST MIDLANDS AMBULANCE SERVICE IN HEREFORDSHIRE - SCRUTINY REVIEW</b>   | 7 - 34  |
| To consider the report of the scrutiny review of the West Midlands Ambulance Service in Herefordshire.   |         |
| <b>7. GP- LED WALK IN HEALTH CENTRE</b>  | 35 - 40 |
| To note the award of a contract for the development of a GP-led walk-in health centre for Herefordshire and the provision of the out of hours service. |         |

## **PUBLIC INFORMATION**

### **HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES**

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- Help in developing Council policy
- Probe, investigate, test the options and ask the difficult questions before and after decisions are taken
- Look in more detail at areas of concern which may have been raised by the Cabinet itself, by other Councillors or by members of the public
- "call in" decisions - this is a statutory power which gives Scrutiny Committees the right to place a decision on hold pending further scrutiny.
- Review performance of the Council
- Conduct Best Value reviews
- Undertake external scrutiny work engaging partners and the public

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At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

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Strategic Housing  
Supporting People  
Public Health*

### **Children's Services**

*Provision of services relating to the well-being of children including education, health and social care.*

### **Community Services Scrutiny Committee**

*Libraries  
Cultural Services including heritage and tourism  
Leisure Services  
Parks and Countryside  
Community Safety  
Economic Development  
Youth Services*

### **Health**

*Planning, provision and operation of health services affecting the area  
Health Improvement  
Services provided by the NHS*

### **Environment**

*Environmental Issues  
Highways and Transportation*

### **Strategic Monitoring Committee**

*Corporate Strategy and Finance  
Resources  
Corporate and Customer Services  
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## **HEREFORDSHIRE COUNCIL**

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HEREFORDSHIRE COUNCIL

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 5 December 2008 at 10.00 a.m.**

**Present:** Councillor JK Swinburne (Chairman)  
Councillor AT Oliver (Vice Chairman)

**Councillors:** PGH Cutter, P Jones CBE, G Lucas, GA Powell, A Seldon, AP Taylor and PJ Watts

**In attendance:** Councillor PJ Edwards. ( Mrs P Preece and Mr J Wilkinson were also present on behalf of the Local Involvement Network, together with Dr P Harris on behalf of the Local Medical Committee.)

**28. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors WU Atfield and MJ Fishley. Councillors PA Andrews and WLS Bowen also submitted apologies.

**29. NAMED SUBSTITUTES**

There were no named substitutes.

**30. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**31. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 23 September 2008 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions from members of the public.

**33. HEREFORD HOSPITALS NHS TRUST - UPDATE**

The Committee received an update on the operational and financial performance of the Trust to the end of October 2008 together with a summary briefing on key developmental issues for the organisation.

Mr Tim Tomlinson, Associate Director of Operations, commented briefly on performance and developments as set out in the report. He highlighted the increased activity levels for non-urgent treatment, and an upturn in emergency activity whilst noting continued strong performance against the target that 98% of patients should be seen within four hours of attending Accident and Emergency (A&E) the Trust's performance in dealing with Healthcare Associated Infections such as MRSA. He noted that there had been a rise in the complication rate above the peer average which initial investigation suggested was a coding issue relating to hip

and knee replacements. He also reported that the Trust was currently in surplus but this was some £937,000 below the financial plan.

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

- Asked about action in response to a patient survey finding that 40% rated food at the hospital as fair or poor it was confirmed that steps were being undertaken to improve satisfaction.
- It was asked how the pattern of referrals from GPs for non-urgent treatment compared with other Trusts and what contingency plans were in place to deal with ward closures and staff illness. Mr Tomlinson replied that this was a national picture. As waiting times reduced there was a need in particular for orthopaedic services and specialised services for the elderly, with a growing number of referrals for heart problems. These services were under review. The Trust was putting additional orthopaedic provision in place and reviewing need in the next year for orthopaedic and heart services.
- A question was asked about the type of replacement joints the Trust acquired. Mr Tomlinson replied that the reference he had made earlier to a number of complications with hip and knee replacements reflected the fact that those replacement joints had worn out having reached the end of their lifespan. It did not present a picture of early recalls because of faulty joints.
- Comment was sought on problems being experienced by a large number of GP practices in making appointments. It was suggested delays of 20 minutes were being experienced, prompting GPs to refer patients straight to A&E instead. Mr Tomlinson replied that there had been a large number of admissions, creating pressure on the systems in place. He described action taken to simplify and resource the admission process which he said should generate improvement.

The Chairman thanked Mr Tomlinson and Mr Curtis, Chairman of the Hospitals Trust, for their attendance.

#### **34. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST**

The Committee considered an update on the operational performance of the Ambulance Service.

Mr Malcolm Price, Divisional Commander (Herefordshire), circulated a report summarising performance against national targets, the turnaround time at hospital, the time between an ambulance arriving at hospital and being ready to go to another emergency and the decision not to pursue current proposals to relocate the ambulance stations in Bromyard and Hereford.

He reported that performance in attending category A calls had improved as a result of successful recruitment. Category B calls continued to present a challenge particularly when more than one call was received in quick succession. There was potentially evidence of a trend showing an increase in the number of occasions where the turnaround took longer than 30 minutes.

The Chairman of the Committee's Ambulance Service Review Group informed the Committee that the Service had been very helpful and open in assisting the Review Group with its task.

In response to a request Mr Price said that the service would be pleased to accommodate a visit by the Committee to the new Emergency Operation Centre at Brierley Hill. He said that the changeover had generally gone well although there had been some minor problems. He expected that the figures would show a slight drop in performance but he was confident this would soon be rectified.

The Chairman thanked Mr Price for the update and the Service's assistance with the Committee's review of the Ambulance Service.

### **35. HEREFORDSHIRE PRIMARY CARE TRUST - UPDATE**

Dr Akim Ali, Director of Public Health, reported to the Committee on the following issues:

- World Class Commissioning – He reported that West Midlands Strategic Health Authority was holding the World Class Commissioning Panel day on 10 December when it would inform PCTs of its view on their commissioning and planning approach.
- Primary Care Trust Planning – He reported that the budgetary allocation for 2009/10 was still awaited.
- GP Led Health Centre – the process was ongoing with a view to a Centre being commissioned early in 2009.
- He noted that the other major issue was the Provider Services Review which was the subject of a separate report on the agenda.

An invitee expressed grave concern over the development of the GP led Walk in Health Centre. In particular it was suggested that the proposal that had originally been presented by the PCT as a restricted emergency service now represented direct competition to the existing Primary Care GP Service. It was further suggested that the new Centre would in effect be receiving a subsidy, putting existing providers at a competitive disadvantage. If a cap on registrations were to be imposed at a low level this would remove any incentive on the part of those managing the new Centre to develop its role in competition with existing providers.

The Chairman commented that the Committee had approved the PCT's plans for the Centre in June on the basis of assurances given to it at that time. The Committee had not subsequently reviewed the contractual documentation. In view of the concerns now being expressed on behalf of GPs she proposed to review the documentation associated with the proposal to establish whether it was consistent with what the Committee had understood to be the case, noting the Committee's strongly expressed view throughout, and reinforced by the resolution it had passed on the issue in September, that the proposal should not be to the detriment of existing services. If necessary she would call an additional meeting to consider the issue.

### **36. PROVIDER SERVICES REVIEW**

The Committee considered progress with the Herefordshire Provider Services Review.

The Committee had before it the report by the University of Birmingham's Health Management Centre and a chart setting out the proposed next steps in the review.

The Director of Integrated Commissioning presented the report. He said that the original timescale for the review had been too ambitious and had not been met. It was important to take the necessary time to arrive at the correct service delivery model, with consideration then given to finances and organisational structures. He emphasised the wish to support a District General Hospital with an Accident and Emergency Unit and Maternity Services. He outlined the next steps in the review, noting that the timetable would allow the Hospitals Trust to achieve Foundation Trust Status if it was concluded that that was the best way forward.

He then outlined progress against the recommendations in the Health Management Centre's report.

In the ensuing discussion the following principal points were made:

- It was asked whether the review would be able to take account of the recommendations made following the Inquiry into child protection issues launched following a high profile case in Haringey. The Director of Integrated Commissioning said that he believed the timing would allow the review to take account of the Inquiry's findings. He added that a review of the Council's own safeguarding procedures was already underway.
- A question was asked about the development of an integrated primary and secondary care service in Accident and Emergency (A&E), the front door triage system, the creation of a Clinical Decisions Unit and the impact on Community Hospitals. The Director emphasised that the intention was to ensure the process when people attended A&E worked more smoothly and ultimately reduced ward admissions or repeat trips. Consideration of the role of Community Hospitals was at an early stage.
- It was requested that clear, succinct guidance be developed for the public explaining the patient pathways clearly. The Director said that that was his intention.
- The Director emphasised that the proposed patient pathways were intended to improve patient experience by ensuring that access to specialists, diagnostics and existing out-patient clinics occurred where possible during the initial visit to Accident and Emergency.
- That in the upheaval of reorganisation it was important not to lose sight of the importance of achieving better outcomes for patients. It was emphasised in reply that the focus in developing the patient pathways was to avoid the need for clinical care, enabling people to stay healthy and independent.

The Committee noted the report and looked forward to a more detailed update at its next meeting.

### **37. ELDERLY FALLS**

The Committee received an update on the development of the Herefordshire Falls Strategy 2009-2014.

Dr Akim Ali, Director of Public Health, reported that there had been considerable progress since the issue of elderly falls had been discussed at an informal meeting of the Committee.

Dr Victoria Alner gave a presentation on the Strategy. This set out the national and local context, the financial implications of hip fracture, the vision, key objectives, targets and key outcomes and described a proposed service model and care pathway. It was noted that following approval of the Strategy by the Falls Prevention Strategy Group in January 2009 consultation with wider stakeholders was proposed followed by approval by the PCT Board in March 2009 and then by a presentation to the Health Scrutiny Committee.

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

- The need to identify those at risk of falls and maintain a register that would record the number of falls suffered by individuals and be accessible by a range of relevant organisations was discussed. It was noted that once services were aware someone had fallen home safety assessments could be undertaken along with other preventative measures.
- The Director of Public Health emphasised the importance of allocating resources for educational materials that would help prevent falls. It was noted that a range of agencies visited homes and could distribute this information.
- It was suggested that there was a need for a single telephone contact number that could be used in the event of a fall.
- The financial costs associated with falls and the corresponding value of investment in preventative measures were highlighted.

The Committee noted that a further report would be made to the Committee in March.

### **38. WORK PROGRAMME**

The Committee considered its work programme.

The following additions to the agenda for the March meeting were agreed: Provider Services Review, Falls Strategy and consideration of the Ambulance Trust seeking Foundation Trust Status.

It was agreed that proposed items on sexual health and oral health should be held in abeyance.

**RESOLVED: That the work programme as amended be reported to the Strategic Monitoring Committee.**

The meeting ended at 12.30 p.m.

**CHAIRMAN**





**WEST MIDLANDS AMBULANCE SERVICE IN  
HEREFORDSHIRE - SCRUTINY REVIEW****Report By: Assistant Chief Executive – Legal and  
Democratic****Wards Affected**

County-wide

**Purpose**

1. To consider the report of the scrutiny review of the West Midlands Ambulance Service in Herefordshire.

**Financial Implications**

2. This is dependent on decisions made in response to the review's recommendations.

**Background**

3. In response to a number of requests from the public the Committee agreed in September 2008 that a formal review be undertaken of the service provided by the West Midlands Ambulance Service (WMAS) NHS Trust in Herefordshire with particular reference to the Market Towns of Ledbury (postcode HR8) and Ross-on-Wye (postcode HR9), with the added intention of ensuring that there is no drift of resource from Herefordshire to other parts of the West Midlands Region following the creation of the regional WMAS NHS Trust.
4. A scoping statement for this work was circulated to Members of the Committee for comment. The report of the review including the recommendations is appended.

**RECOMMENDATION**

- THAT (a) the Committee considers whether it wishes to agree the findings of the review of West Midlands Ambulance service in Herefordshire for submission to relevant Health Service bodies;**
- (b) subject to the Review being approved, the response to the Review be reported to the first available meeting of the Committee; and**
- (c) a further report on progress in response to the Review then be made after six months with consideration then being given to the need for any further reports to be made.**

**BACKGROUND PAPERS**

- None

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Further information on the subject of this report is available from  
Sara Siloko, Directorate Support Officer (Health), on 01432 261804



**Herefordshire Health Scrutiny Committee**

**Report by the  
Herefordshire Ambulance  
Service Review Group  
February 2009**

**For Presentation to the Health Scrutiny  
Committee – February 2009**

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## Acronyms

A&E.....	Accident and Emergency
AMPDS .....	Ambulance Medical Priority Dispatch System
CAD .....	Computer Aided Dispatch
CFR.....	Community First Responder
DoH.....	Department of Health
ECP.....	Emergency Care Practitioner
EOC.....	Emergency Operations Centre
ESG .....	Edgar Street Grid
GP.....	General Practitioner
GPS .....	Global Positioning System
HHT.....	Hereford Hospitals Trust
HLO.....	Hospital Liaison Officer
LINK .....	Local Involvement Network
MFR.....	Medical First Responder
NHS .....	National Health Service
OOH.....	Out of Hours medical services
PCT.....	Primary Care Trust
PRF.....	Patient Report Form
PRU .....	Paramedic Response Unit
PTS.....	Patient Transport Services
SSP .....	Status System Plan
SUI.....	Serious Untoward Incident
WMAS.....	West Midlands Ambulance Service

## Introduction

I am pleased to present the report of the Herefordshire health scrutiny committee's review group on the Herefordshire ambulance service. This review was prompted initially by the unease of citizens in and around the Ledbury and Ross areas, as reported to members of the health scrutiny committee during the latter half of 2008, concerning the quality of their ambulance service. We have found that their concerns have some basis in fact, and this review has made practicable recommendations that aim to alleviate them.

I should like to thank my fellow health scrutiny review group members for their work in undertaking the review: they are health scrutiny committee members Councillors Philip Cutter, Alan Seldon, Kay Swinburne and Peter Watts. Supporting officers were Tim Brown and Sara Siloko.

It was a very interesting and worthwhile study. We formed a strong impression of ambulance staff who are dedicated, efficient, and extremely highly-regarded, especially in the view of the public at large. In general, the Herefordshire ambulance service is of high quality, but we found areas that need improvement, and hope this review and its recommendations will help achieve those improvements.

Much has changed since we started this review in October 2008. The reconfiguration of the ambulance service Emergency Operation Centres (EOCs) in December has led to issues that the health scrutiny committee will scrutinise closely, and that we hope will be resolved very quickly. The winter peak in demand for health services appeared to arrive early, putting additional pressure on these services.

We are aware of the perils of parochiality, and of the benefits as well as the disadvantages of a regional approach, but our concerns are for the citizens of Herefordshire. As such, we are obliged to note that targets and procedures seem to take little account of sparsity and rurality, although we commend efforts by all concerned to accommodate these circumstances. It will be a continuing challenge, however, to ensure that resources are not siphoned off to more populous parts of the region.

The complications of having three Trusts involved - WMAS as provider, Herefordshire Primary Care Trust as joint commissioner with the other PCTs in the region, and Hereford Hospitals Trust as the major recipient of service users, each with different boundaries and communications systems – hinder effective joint working and hence excellent service provision. We are also concerned that working with services in the border areas of Wales is not as effective as it should be, given the great extent to which our health issues connect.

The review group was informed in February that an Independent Review of WMAS is to be conducted, completing its business by April 2009. The local PCT informs us that this was originally proposed in December 2008 by the ambulance commissioners. We note that its terms of reference mandates the reviewers to address many of our concerns, so we would like to avoid duplication of effort by offering to collaborate wherever appropriate.

Finally, but very importantly, we would like to extend our special thanks to all the staff of WMAS and other Herefordshire health bodies who gave so willingly of their time and wisdom to help us compile this review.

I commend our report and its findings to you.

**Councillor Brigadier Peter Jones CBE**

**Chairman of the Herefordshire Ambulance Service Review Group**

## Executive summary

This review arose from public concerns about the level of service provided by the ambulance service in Herefordshire, particularly in the areas of Ledbury and Ross. The health scrutiny committee appointed a group of its members to undertake the review. The committee set the group desired outcomes to achieve, and key questions to ask (see appended scoping document). Members of the group visited four ambulance stations and interviewed a wide range of staff and some members of the public, as well as testing its preliminary findings with senior staff of West Midlands Ambulance Service (WMAS), Herefordshire Primary Care Trust (PCT) and Hereford Hospital Trust (HHT).

The review group's principal findings are:

1. Overall the WMAS service to the county has been seen to be improving and getting closer to routinely meeting national targets. The community values the professional staff and is highly supportive of the service, as demonstrated by CFR recruitment trends. However, the terms of reference of a forthcoming Independent Review of WMAS led by service commissioners (PCTs in the West Midlands region) states 'The PCT's have indicated their concern that WMAS suffered ... a serious collapse [from September 2008] in its ability to deliver the contracted performance standards. Also that in the rural areas WMAS regularly underperforms, even after extra financial resources have been injected by individual PCTs to try and improve performance in their local areas'. The review group was informed of the Independent Review as this report was near completion. The Independent Review is due to report by April 2009.
2. The review group notes that there appears to be an over-reliance on time based targets, which are national requirements, rather than examining patient outcomes.
3. There appears to be no up-to-date agreed minimum level of resourcing, especially of emergency response vehicles, in the county. However the local PCT says the planned Independent Review (*referred to above*) will identify a model that 'regularly ... evaluates demand v resourcing and has resource change/triggers clearly identified'. It would appear that no thorough needs assessment has been made since 2004. According to the PCT, demand for the blue light ambulance service has risen at 6% a year for the last three years although this increase has slowed in the present financial year. During a review of the then-pending EOC reconfiguration, the Herefordshire health scrutiny committee resolved in 2007 to support the reconfiguration provided that there should be no 'resource drift' to other parts of the region (*see resolution at Appendix B*). However, a key concern for this review has been that there is anecdotal evidence that vehicles which should be stationed in Ledbury are sent to wait for calls in Malvern. This apparent lack of current needs assessment and apparent resource drift may leave Herefordshire's ambulance service vulnerable and therefore lacking resilience, particularly in and around Ledbury. Ledbury is the only ambulance station in the county that does not enjoy 24-hour vehicle cover, according to the WMAS matrix of cover.
4. Reports by WMAS of unacceptable hospital turnaround delays causing ambulances to be tied up at Accident and Emergency (A&E) when they should be available for emergency calls need further investigation by HHT and the PCT commissioners. No person within the organisations involved (WMAS, HHT) appears to be responsible for ensuring timely ambulance crew clearance at Hereford Hospital. WMAS states that 'it is the responsibility of Hereford Hospital to ensure a timely turnaround of patients'. However, the responsibility for crew clearance remains unclear and needs to be defined. Advance communications systems between ambulance crews and the receiving organisation appear not to be systematic.

5. It seems that Herefordshire-based Community First Responders (CFRs) are not centrally resourced, supported or organised in line with national volunteering best practice. There are 112 CFRs in Herefordshire. The review group was unable to find evidence that they were effectively organised, and yet the ambulance service relies on them to meet up to 3% of its targets. WMAS employs a regional head of CFRs as well as a manager covering Herefordshire and Worcestershire. The review group was happy to note that WMAS has recently employed an additional CFR manager, and also a CFR administration support position in Herefordshire.
6. The review has been restricted by what would appear to be a disturbing lack of data, particularly relating to outcomes. It is difficult to gain a rounded picture of the service judging on response times only. In general, the group has gained an imperfect picture of performance, mainly due to the national target criteria which do not currently require non-time based recordings, and should address patient outcomes.
7. The closure of Bransford Emergency Operations Centre (EOC) in early December seems, at least for the short term future, to have left the Herefordshire and Worcestershire ambulance services in particular in a very vulnerable state. This move from Bransford to Brierley Hill ahead of the planned schedule - coinciding with seasonal peaks in demand and December staff pressures, including undue reliance on overtime – could scarcely have been undertaken at a worse time.

The review group's main recommendations are:

1. That the need for resources be regularly assessed.
2. Following the suggested needs assessment and via agreed commissioning protocols, it is likely that our findings - that additional ambulances are required - will be supported, 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.
3. That effective means be implemented to ensure all ambulance arrivals at Hereford Hospital are accommodated safely within 30 minutes, and that all other measures to reduce inappropriate use of emergency services and to release beds safely be urgently implemented.
4. That enough funding and other resources be found, for Community First Responders (CFRs), to enable WMAS to properly fulfil its duty of care and achieve volunteering best practice standards.
5. That the effective deployment of CFRs be improved.
6. That data collection and dissemination, particularly of outcome-based indicators, be improved, for example, by measuring the progress of patients from when an ambulance is called to when they are 'handed over' to a hospital.
7. That regular detailed progress reports following EOC reconfiguration be supplied for scrutiny by Herefordshire's health scrutiny committee, especially regarding resource drift and response performance.
8. That communication between provider organisations be improved. As WMAS medical staff take a greater role in community-based care, communication between GPs, hospitals and other care professionals needs to be more effectively implemented.
9. That contingency planning functions to cope with periods of unusually high demand and/or major changes in service delivery should be strengthened.



## Rationale for review

The health scrutiny committee decided to undertake this review at its meeting on 23 September 2008 because members had received reports from the public and in the media that ambulance services in Herefordshire – particularly around Ledbury (HR8) and Ross (HR9) – were not meeting the needs of the local population.

In the Ledbury area, Category A (8 minute) response times were: April 68.2%, May 50%, June 57.1%, July 57.9%, Aug 72.7%, Sept 66.7%, Oct 37.7% and Nov 66.7%.

In the Ross area, Category A (8 minute) response times were: April 55.6%, May 58.6%, June 73.1%, Aug 47.8%, Sept 76.9%, Oct 76.7% and Nov 74.2%.

**Cat A (8 min) response times Apr-Nov 08**

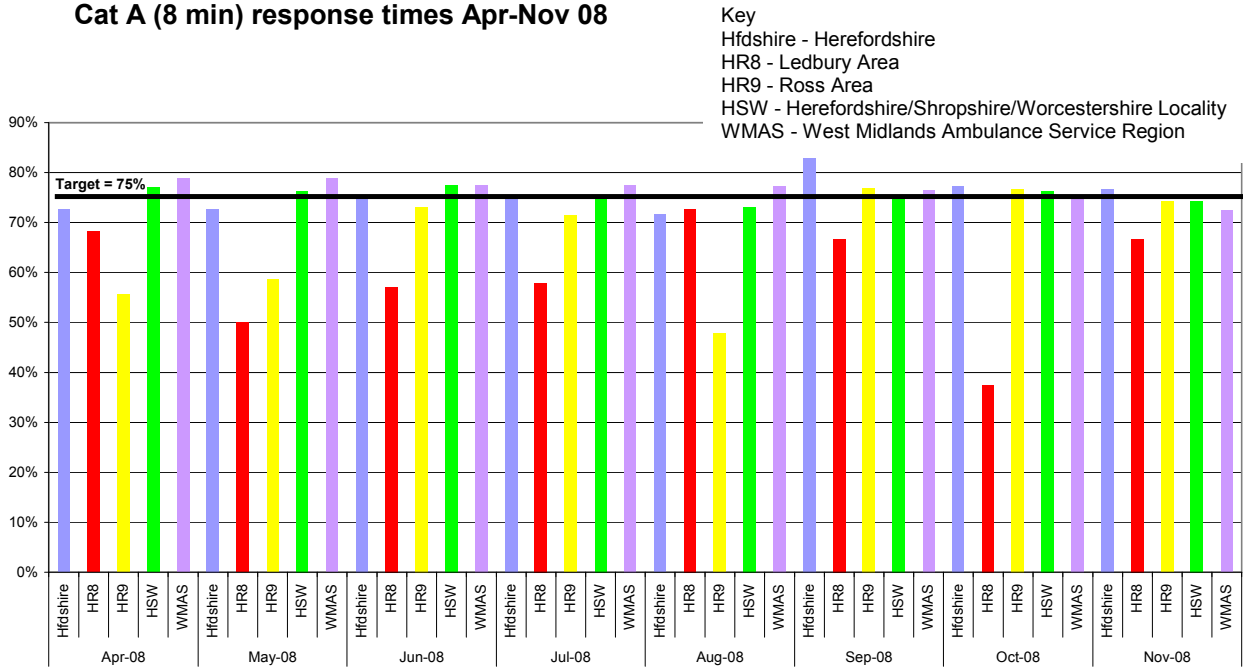


Figure 1: Response times Category A - Herefordshire postcodes, Herefordshire and WMAS

### Cat A (8 min) response times Dec 08–Jan 09

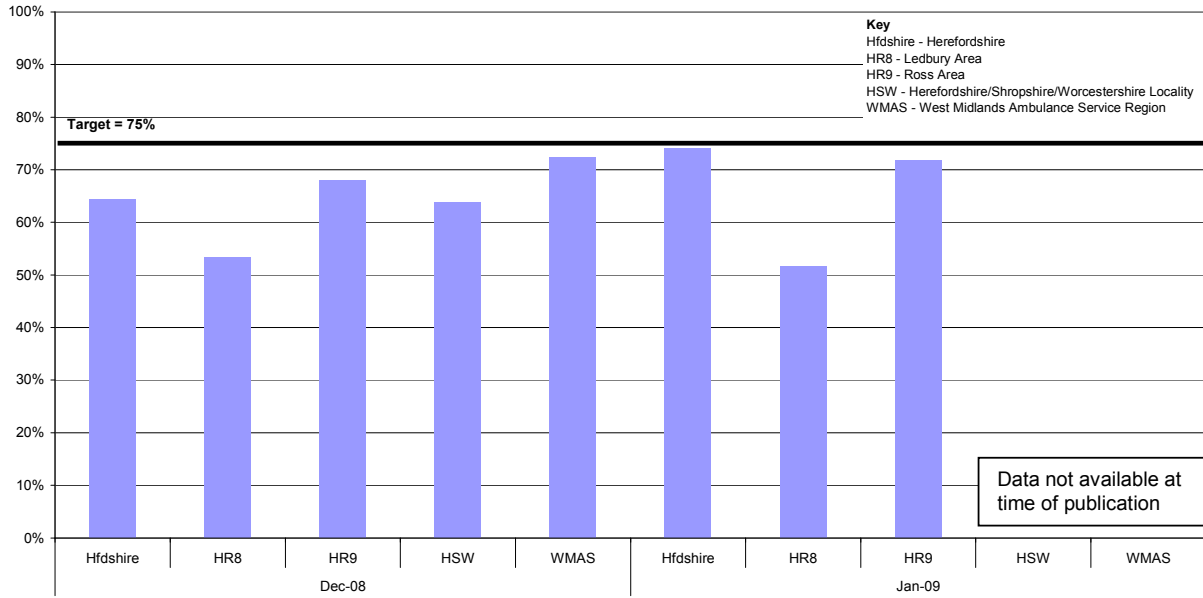


Figure 2: Response times Category A deteriorated markedly after EOC reconfiguration on 1 December, which coincided with an unexpectedly early winter peak in demand for emergency services

## Methodology

The review is based on a scoping document (*see Appendix A*) that outlines desired outcomes, key questions, timetable and members of the review group.

The principal work of the review was conducted between October 2008 and January 2009.

The review group is grateful to Gloucestershire health scrutiny committee for sharing its recent review of Great Western Ambulance Service in the Forest of Dean, which provided useful background material.

The group is also grateful for the assistance and willing co-operation of West Midlands Ambulance Service, particularly staff in Herefordshire, in the provision of information and data, and in facilitating visits to ambulance stations and interviews with staff.

The review group would like to thank those who submitted evidence to the review and participated in it.

This report reflects the conclusions reached, and sets them in context. The review group wishes to emphasise that this is a complex area of work and would not claim that its report is comprehensive. It does, however, hope that the report provides some useful and impartial observations on the service and basic recommendations for improving the excellent work already undertaken by the ambulance service in Herefordshire.

The review does not scrutinise in depth the reconfiguration of Emergency Operations Centres, which took place on 1 December, although it is recognised that this has had a serious impact on the level of service delivery in Herefordshire and Worcestershire. The review group recommends immediate and further scrutiny of this issue.

The review group is aware that the quality of Herefordshire's ambulance service is contingent upon many related aspects of health and social care provision - such as residential and intermediate care services, hospital discharge rates, GP services, out of hours medical provision, public health education, minor injuries units, communications technology, regional and national influences, etc.

The review group is also aware that it is difficult to restrict itself exclusively to Herefordshire issues when Herefordshire is part of a regional ambulance service and a regional Strategic Health Authority. The scope of this review precludes detailed examination of these wider issues. The group has taken them into account in reaching its conclusions, but has not scrutinised them in depth.

*See Appendix C for a full list of visits and interviews undertaken, and data and information supplied, for this review.*

## Background to WMAS

The Herefordshire ambulance service has been part of West Midlands Ambulance Service (WMAS) Trust since 1 July 2006, the Trust taking its current form with the addition of Staffordshire on 1 October 2007. WMAS covers a population of 5.3 million people in an area of approximately 5,000 square miles. The trust employs 3,500 staff across 63 sites. Operational staff make 450,000 emergency responses every year.

Ambulance services are required to achieve a 75% Category A 8 minute response standard, and are required to respond to 95% of all 999 calls that require an emergency ambulance within 19 minutes. WMAS achieves this through 'matching resources to demand, proactive deployment of vehicles and the deployment of Community First Responders'.

WMAS points out that 'in addition to emergency 999 calls, ambulance services are required to take patients to hospital where a ... health care professional identifies the need as urgent ... these calls are prioritised in the same way as emergency 999 calls'. The national target is to achieve this on 95% of occasions.

Ambulance services are required to meet response time targets on average across the whole area they cover. There is no requirement for them to meet these targets in each locality area individually. Therefore if WMAS meets the targets across the West Midlands as a whole it will be judged as delivering the required standards even if performance is below target in individual counties or parts of counties (*see Figures 1 and 2, page 7*).

New national guidelines are currently undergoing public consultation, which should bring a patient focus to the targets being set rather than being over-reliant on the time-based targets currently in use. The review group recognises that many of its observations, particularly with regard to outcomes reporting, will hopefully be alleviated over the coming months as new national protocols are adopted.

In October 2008, WMAS announced that it had 'continued to improve in all areas, exceeding all Key National Standards as set by the Department of Health to include the recently introduced Call Connect target, and continues to remain at the top of the National Performance Tables'. Call Connect targets are stricter: the clock starts when the call reaches the local switch (exchange); before Call Connect, the clock only started once the caller's phone number, location and nature of complaint had been established.

### October 2008

	WMAS	BBC	C&W	HS&W	STAFFS
Call Connect (75% of calls within 8 mins)	75.1%	72.9%	78.4%	76.3%	77.8%
Cat A19 (95% of calls within 19 mins)	97.9%	98.3%	98.0%	95.8%	98.3%
Cat B19 (95% of calls within 19 mins)	95.1%	94.0%	95.5%	95.6%	97.1%
Cat C30 + referrals (95%)	95.0%	91.7%	95.0%	98.1%	98.9%

### Year to date (from 1 April 2008)

	WMAS	BBC	C&W	HS&W	STAFFS
Call Connect (75% of calls within 8 mins)	77.4%	76.7%	78.2%	75.8%	79.9%
Cat A19 (95% of calls within 19 mins)	98.3%	98.9%	97.6%	96.2%	98.8%
Cat B19 (95% of calls within 19 mins)	96.2%	96.1%	95.4%	95.2%	97.9%
Cat C30 + referrals (95%)	96.8%	94.8%	96.9%	98.4%	99.2%

(WMAS – West Midlands Ambulance Service. BBC – Birmingham and Black Country. C&W – Coventry and Warwickshire. HS&W – Herefordshire, Shropshire and Worcestershire. Staffs – Staffordshire.) *Source: West Midlands Ambulance Service, November 2008*

WMAS was also awarded by the Healthcare Commission's annual ratings in 2008 the top rating, 'excellent', for quality of service, and 'fair' for use of resources.

For the second year running WMAS was also awarded 'Ambulance Service of the Year', in addition to five further individual and team awards won, including 'Paramedic of the Year'.

WMAS is working towards becoming an NHS Foundation Trust in 2009.

WMAS states that it is 'one of the worst-funded ambulance services in England' and 'would require additional funding from PCT commissioners to enable Herefordshire to improve ...'. The regional service is commissioned collaboratively by the 17 PCTs in the region.

## **Background to the Herefordshire ambulance service**

Ambulance services in Herefordshire are part of the WMAS 'locality' that comprises Herefordshire, Shropshire and Worcestershire. This locality is one part of four in the WMAS region. The regional service is commissioned collaboratively by the 17 PCTs in the region.

In Herefordshire the ambulance service has 28 vehicles of all types, 95 front line staff plus 112 Community First Responders (CFRs). There are five ambulance stations in the county. The main one is in Hereford, and there are ambulance stations at Ross, Ledbury, Bromyard and Leominster. £1/2 million was invested by Herefordshire's PCT in Call Connects (the new stricter Category A target) in 2008 in additional staffing, additional vehicles, Computer Aided Dispatch (CAD) system, telephone switching and call recording equipment. Herefordshire has two Call Connect cars. According to WMAS, these are 'normally, but not exclusively, based at Whitecross and Holmer' (within Hereford City).

## **Background to Herefordshire – a rural county**

Herefordshire is a predominantly rural county of 840 square miles situated in the southwest corner of the West Midlands region bordering Wales. The city of Hereford is the major location in the county for employment, administration, health, services, education facilities and shopping. The five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington are the other principal centres.

Herefordshire has limited access to the motorway network via the M50, which starts near Ross-on Wye and joins the M5 north of Tewkesbury in Gloucestershire. The other main road links which all pass through Hereford City are the A49 (running from north to south) the A438 (running from east to west) and the A4103.

The most recent estimate of the population of Herefordshire is 178,400. This is the Office for National Statistics' (ONS) 2007 mid-year estimate, published in August 2008. It is the most sparsely populated unitary authority in England and only two other English counties have lower population densities. About one third of the population lives in Hereford city and a little more than a fifth in the market towns. However, using the official rural definition, 55% of the population live in a rural area.

Herefordshire has an older age structure than England and Wales as a whole. The county has become a popular destination for relocation, particularly from the southeast, and there is net out-migration of young adults probably in search of wider employment opportunities and higher education. Between 2004 and 2011 Herefordshire's population is expected to increase at roughly the same rate as that of England and Wales as a whole. Both nationally and locally the population aged 60 and over is expected to grow more rapidly than the total

population, but the rate of growth of this age group in Herefordshire is expected to be higher (21%) than in England and Wales as a whole (13%). Most dramatically, the number of people over 80 is expected to rise by a further 20%, to 11,800 residents, compared with a national increase of 11%. However, the number of under 18s is expected to fall by 12% (nationally 4%). Herefordshire's working population is approximately 85,000, of whom 15% work outside Herefordshire.

There are areas of poverty and deprivation within the county concentrated in Hereford city (South Wye and Central wards) and Leominster. The least deprived areas tend to lie to the east of the county, on some of the fringes of Hereford city, directly north of and west of the city, and around Ross-on-Wye. However most parts of the county fall within the 10% most deprived nationally in terms of geographical access to services.

## **Links to the Herefordshire Community Strategy, and legal and policy framework**

The Ambulance Service is integral to the delivery of an effective health service. The review therefore supports the Community Strategy theme of "Safer and Stronger Communities" by improving the availability of sustainable services and facilities and access to them, particularly in rural areas. It also supports the theme of "Healthier Communities and Older People" by helping vulnerable people to live safely and independently in their own homes. These important links are also reflected in the main themes of the Council's Corporate Plan namely; 'Health and Well-being', 'Older People', 'Safer and Stronger Communities' and 'Sustainable Communities'.

The review group is cognisant of national mandates such as the Department of Health's National Service Framework, of regulatory bodies such as the Healthcare Commission and its Annual Health Check, the forthcoming Care Quality Commission, and of the role of regional bodies such as the West Midlands Strategic Health Authority.

## Findings

### Resources

Some parts of the county are well-served by the ambulance service, and in postcode areas such as HR2 (South Hereford and Golden Valley) it normally meets or exceeds targets. However, interviews conducted and data gathered demonstrate that Herefordshire's ambulance service is vulnerable in some areas, being too frequently unable to reach response time targets - especially in the Ledbury area, and when unexpected peaks in activity occur, and also when resources are tied up outside Herefordshire, at hospital A&E departments, or otherwise unavailable.

1. Overall the WMAS service to the county has been seen to be improving and getting closer to routinely meeting national targets. The community values the professional staff and is highly supportive of the service, as demonstrated by CFR recruitment trends. However, the terms of reference of a recently-planned Independent Review of WMAS led by service commissioners (PCTs in the West Midlands region) states 'The PCTs have indicated their concern that WMAS suffered such a serious collapse [from September 2008] in its ability to deliver the contracted performance standards. Also that in the rural areas WMAS regularly underperforms, even after extra financial resources have been injected by individual PCTs to try and improve performance in their local areas'.
2. The review group notes that there appears to be an over-reliance on time-based targets, which are national requirements, whereas the use of patient outcome indicators would give a better picture of quality.
3. There is a shortage of resources (vehicles and front line staff) in Herefordshire. The safety net is too thin and vulnerable to breakage. The PCT has acknowledged this issue and is in discussion with WMAS with regard to the siting of an additional ambulance or paramedic car in the east of the county (Ledbury) to address it. It only takes a small peak in activity or other minor unpredicted event to occur, for example, for the service to be rendered unable to meet targets, which are, even under the best circumstances, particularly difficult to achieve in rural areas (*see Figure 1, page 7*). Coverage in the east of the county and after 8pm may need particular consideration. Ledbury is the only ambulance station in the county that does not enjoy 24-hour vehicle cover. However, the PCT states that the recently-announced Independent Review may recommend alternative locations. The Independent Review will also 'address resilience and cross-cover issues'.
4. The health scrutiny review has been restricted by what would appear to be a disturbing lack of data, particularly relating to patient outcomes. It is difficult to gain a rounded picture of the service judging on response times only. In general, the review group has gained an imperfect picture of performance, mainly due to the national target criteria which do not currently require non-time based recordings.
5. There appears to be no up-to-date agreed minimum level of resourcing, especially of emergency response vehicles, in the county. No thorough needs assessment has been made since 2004. However the local PCT says the recently-planned Independent Review referred to above will identify a model that 'regularly (much more frequently than two-yearly) evaluates demand v resourcing and has resource change/triggers clearly identified'. According to the PCT, demand for the blue light ambulance service has risen at 6% a year for the last three years although this increase has slowed in the present financial year. The Herefordshire health scrutiny committee resolved in 2007 that there should be no 'resource drift' to other parts of the region (*see resolution at Appendix B*), and yet, for example, there is anecdotal evidence that vehicles that should be stationed in Ledbury are sent to wait for calls in Malvern. This lack of current needs assessment and apparent resource drift may leave its ambulance service vulnerable and lacking resilience. WMAS is unable to supply data on vehicle movements as 'the only records that exist are paper ones kept

on an ad-hoc basis by control staff as a back-up so that should the main computer system fail, they would have an idea where the vehicles were’.

6. There appears to be resource drift to more heavily-populated areas, especially to Malvern from Ledbury. Weighty anecdotal evidence supports this assertion. Failures to reach response time targets (especially Call Connects Category A, 8 minutes) appear to be the direct result. It appears that assessment of vehicle waiting and time of operation is not systematically carried out for this geographical area. In August there were 79 missed Category A calls in Herefordshire, four of which were from Ledbury and eight from Ross. In September there were 60, four from Ledbury and four from Ross. In October there were 36, six from Ledbury (all out-of-hours) and two from Ross. It is not clear what analysis is done in response to these situations, for example to decide future positioning of vehicles on standby, especially out-of-hours.
7. Lack of “rural-proofing” at national and regional level leads to unrealistic target-setting (especially Category A, Call Connects, 8 minutes) and resourcing. It appears that little consideration is given to setting achievable and realistic local targets. Allocating resources per capita in the same way as they are allocated for urban areas leads to a disparity that disadvantages rural areas, where per capita costs are higher. However, while acknowledging that rural services cost more, Herefordshire PCT argues that Herefordshire still makes a disproportionately high contribution to the WMAS services – the unit price per journey in Herefordshire is currently £342, compared to unit price per journey in Birmingham of £142. The PCT says the recently-planned Independent Review referred to above is specifically tasked to address this issue.
8. Community First Responders (CFRs) are volunteers. Their terms and conditions do not appear to adhere to national best practice for working with volunteers. It seems they are not automatically supplied with essential equipment, not reimbursed for travel expenses to essential training nor for personal mobile phone use, and have no access to ‘normal’ crew communications networks. There are 112 CFRs in Herefordshire - 8 in HR1, East Hereford, 38 in HR2 South Hereford and Golden Valley, 2 in HR3 Letton-Brilley, 20 in HR4 West Hereford, 6 in HR5 Kington, 8 in HR6 Leominster, 6 in HR7 Bromyard, 10 in HR8 Ledbury, 9 in HR9 Ross, and 5 in WR13 Colwall (see *Figure 3 below*). The review group was unable to find evidence that they were effectively organised, and yet the ambulance service relies on them to meet up to 3% of its targets. WMAS employs a regional head of CFRs as well as a manager covering Herefordshire and Worcestershire. The review group was happy to note that WMAS has recently employed an additional CFR manager, and also a CFR administration support position in Herefordshire. The review group seeks reassurance of future improvements by way of updates to the health scrutiny committee (see *Appendix B health scrutiny resolution April 2008*). The PCT comments that the recently-planned Independent Review will cover the use and organisation of CFRs.



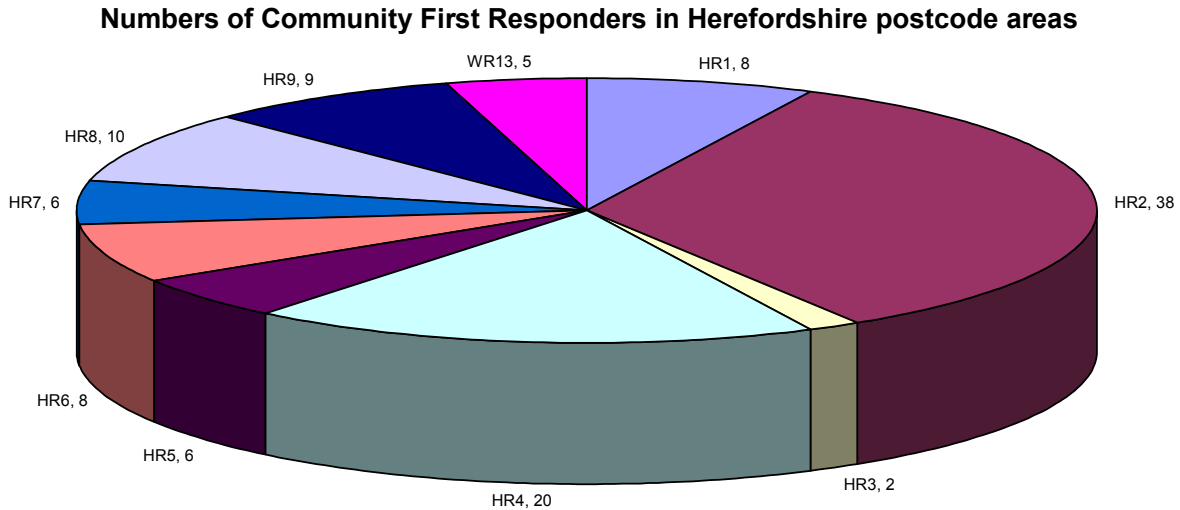


Figure 3: CFRs in Herefordshire

9. It appears that triaging could be improved by, for example, investing in better communication between ambulance control/crews and hospitals to ensure the earliest possible diagnosis of patient condition.
10. The Patient Transport Service (PTS) contract is currently held by WMAS. According to anecdotal evidence from the PCT and Hospitals Trust, the service provided by these non-emergency ambulances frequently fails to meet the needs of patients. For example, the review group was informed that it is currently necessary to give 48 hours' notice to book a vehicle. This can lead to delayed discharges and therefore bed shortages. The contract for PTS is currently being tendered out.
11. A fear remains among Herefordshire residents and service users that, despite GPS and other sophisticated communications technology, lack of local knowledge in call takers and dispatchers will hinder efficient service after EOC reconfiguration, especially in the early stages after Bransford closed (*see Appendix B health scrutiny resolution September 2007*).
12. Confirmation is being sought by the PCT that any funds raised from the sale of now-closed Bransford EOC will be spent in the locality, especially on CFRs and their equipment (*see Appendix B health scrutiny resolution April 2008*).
13. There appear to be opportunities to undertake more joint working with other blue light services, such as using each others' trained personnel as retained workers.

### Pressures on the service

Many of the pressures on Herefordshire's ambulance service outlined below are beyond the scope of this review to examine in detail. However, they exist and solutions to them must be found and implemented, as extra resources alone will not ensure a robust and resilient service.

1. Lack of bed space at various hospitals used by WMAS frequently ties up ambulance resources when they are needed elsewhere. Hospital/A&E turnaround times are an issue, both for WMAS and for the hospitals, including Hereford Hospitals Trust. For example, in October 2008, according to WMAS statistics, out of 989 arrivals by ambulance at Hereford County Hospital, 287 were not handed over to the hospital within 30 minutes, and 34 of these waited over 60 minutes. There appears to be no person within the organisations involved (WMAS, HHT) who is responsible for ensuring timely ambulance crew clearance at Hereford Hospital. WMAS states that 'it is the responsibility of Hereford Hospital to ensure a timely turnaround of patients'.

However, the responsibility for crew clearance remains unclear and needs to be defined.

2. Advance communications systems between these organisations appear to be inadequate. It is unclear how or when the last needs assessment of 'beds per head' of population in the county was done, but according to HHT it is now recognised that more beds are needed at Hereford County Hospital as part of the resolution of ongoing problems.
3. According to WMAS staff, inappropriate use of the ambulance service by the public could be adding to the pressures on ambulance service by draining its resources unnecessarily. WMAS says it is impossible to determine the number of inappropriate calls: 'When a vehicle is deemed to be not required ... this is recorded in the CAD. In the notes of each job would be the reason ... some of these may be inappropriate calls but the majority would have had an alternate care pathway set up for them. In addition ... crews may decide it is quicker to take the patient to A&E ... rather than spending a long time on the scene with someone who is insisting on being taken to hospital'.
4. It is unclear to the review group if cross-border co-operation with Wales is reciprocal - whether 'Herefordshire is helped as much as it helps'. WMAS was unable to supply information on how many Herefordshire ambulances attended incidents in Wales from April-November 2008. It is proposed that this is addressed by the forthcoming Independent Review.
5. Out of hours (OOH) service provision - and other alternatives to emergency ambulance use - are not well enough known by the public. 999 is an easy number to ring in a panic.
6. The recent reconfiguration of EOCs involving the closure of Bransford EOC in early December seems, at least for the short term future, to have left the ambulance service especially in Herefordshire and Worcestershire in a very vulnerable state. (*see Appendix B health scrutiny resolution September 2007*). The review group notes, as explained in a letter from WMAS chief executive dated 12 January 2009, that "we had initially anticipated closing Bransford in the New Year after winter pressures subsided but it became increasingly apparent that, for patient safety reasons, we would have to act sooner than that. Staffing levels had dropped to unsustainable levels as those working in Bransford moved to other roles within the Trust." (*see Figure 2, page 8*). A representative from the Hospitals Trust told the group that the Hospital was given no notification of new EOC contact details when Bransford EOC was closed down on 1 December.
7. An unexpectedly early winter peak in activity in mid-December (30% more calls than the same time in 2007) demonstrated that both the ambulance service and A&E services are lacking resilience and do not have the capacity to cope effectively with much more than minor unpredictability (*see Figure 2, page 7 and Figure 4 below*). Targets for December were not met due to the extra pressures on the service in that month. In Herefordshire, according to WMAS's chief executive, Category A demand more than doubled from October - from 60 to 126 incidents per week. For HSW locality, the Category A (8 minute) target was only met for 63.7% of the total or urgent calls.

### Hereford and Worcester Cat A Performance vs Demand

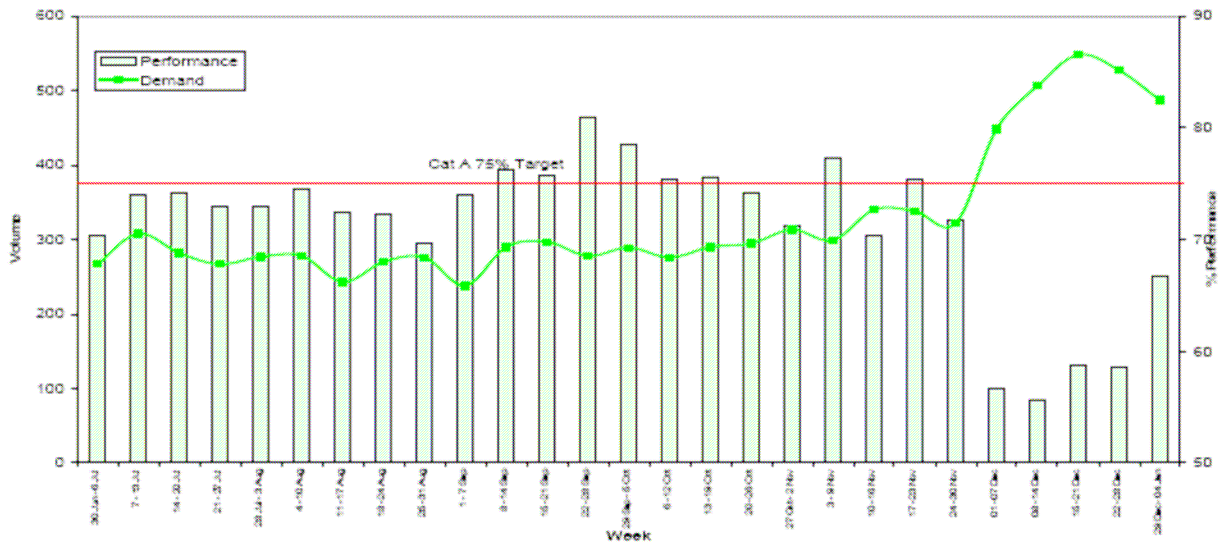


Figure 4: Five columns on the right (December 08) demonstrate rising demand and increased failed response times (Source WMAS Board papers 22 January 09)

### Data and information

Three key issues emerged regarding communication and data: a) There is very little data on outcomes for patients, and even the major indicator - response times - is not normally disaggregated to enable analysis of local areas within a county b) Marketing and public education needs to be improved to save lives and reduce inappropriate use of ambulance services c) Communications systems within WMAS (especially since EOC reconfiguration), and with its partners such as the Hospitals Trust, need to be much more effective.

1. The ambulance service is judged only on response times. This information gives only a partial picture. It is difficult to get information on outcomes for service users. The review group found it difficult to track data when there was more than one vehicle responding to an incident.
2. Response time data are not generally available by post code, which disguises key local disparities. Although year-to-date data for the WMAS locality area of Herefordshire, Shropshire and Worcestershire exceeds the 75% category A target at 75.8% (see page 10), this disguises local disparities. For example, Herefordshire alone failed to meet the 75% target in April, May, June and August 2008. Within Herefordshire, some post code areas achieved much lower than 75% in 2008, such as HR8 (Ledbury) in Sept 66.7%, Oct 37.5% and Nov 66.7% (see Figure 1, page 7).
3. The regional nature of the ambulance service disguises the local situation, as WMAS is assessed as a whole.
4. Commissioning – as this moves to a regional template, will local issues be further subsumed? Herefordshire is one part of four in the regional commissioning mix.
5. There is a lack of public knowledge about basic life-saving techniques that could be used while waiting for an ambulance to arrive.
6. There is a lack of public knowledge about alternatives that could be used instead of the ambulance service (such as OOH services, minor injuries units, and even GPs and pharmacies).
7. Patient Report Forms are very complex. These have to be completed at the scene of a call-out. This additional task, which has to be done when crews are doing their best to save lives, adds to their stress.
8. Communication systems that do not talk to each other fully – for example between ambulance control/crews and hospitals – contribute to inadequate/slow triaging of patients. The review group was told by a PCT representative that a combination of

an extra vehicle, better triaging and more diversion from 999 to appropriate services could reduce Herefordshire demand by 600 patients in six months.

9. It is hoped that the new national contract and the recently-planned Independent Review will address the above issues by April 2009.

## **Recommendations**

### **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.

## Appendix A

### Scoping document

The Herefordshire ambulance service review 2008 was based on the scoping document below:

<b>REVIEW:</b>	<b>West Midlands Ambulance Service in Herefordshire</b>	
<b>Committee:</b>	Health Scrutiny Committee	<b>Chair of review sub-group:</b> Councillor Brigadier Peter Jones CBE
<b>Lead support officer:</b>	Sara Siloko	

## SCOPING

### Terms of Reference

This review covers the service levels and performance of the ambulance service in Herefordshire, with particular focus on emergency response times, and on the geographical areas of and around Ledbury and Ross-on-Wye.

### Desired outcomes

1. To assess levels of overall service provided to Herefordshire residents by WMAS under the Herefordshire PCT contract.
2. To look behind the target response figures and seek assurance that the county's residents are receiving the level of service they need and deserve.
3. To identify and analyse any deficiencies, actual and potential, in the county's ambulance service provision and make suitable recommendations for their rectification or improvement.
4. To monitor any potential service drift away from Herefordshire
5. To ascertain the governance arrangements for monitoring significant events in the service

### Key questions

1. What specific criteria do you use in allocating ambulance service resources in the areas covered by the service?
2. What factors do you take into consideration when you are allocating resources for Herefordshire?
3. What is your process for allocating resources once needs have been assessed and how does this compare with national guidelines?
4. What resources are currently allocated (numbers and type of crew, paramedics, vehicles, equipment, Community First Responders etc) and are available to which parts of Herefordshire, and at what times of day/night?
5. How are local services accounted for financially (including recruitment and retention of staff, funding, training, equipment and vehicles, ambulance station and office space, etc)?
6. What is the evaluation process for identifying underserved/overserved areas?
7. What records does the service keep of emergency calls made and responded to within the county?
8. How do you measure the outcome for every contact with the ambulance service, particularly when more than one response is necessary?
9. Have there been any S.U.I (Serious untoward incidents) investigated within the county during the last 12 months, if so, what was the outcome of these findings?
10. During the last 12 months how many significant event audits have been carried out by WMAS, should any of them involve Herefordshire, could details be provided of the audit outcome?
11. Why are response times for different parts of the county (especially Ledbury and Ross areas) so variable and how are they assessed?
12. What processes are utilised for monitoring whether Herefordshire allocated vehicles and ambulance staff are being utilised out of county (frequency & duration), and conversely monitor substitute vehicles being deployed (from out of county) to cover?
13. Are there any plans intended or already under way to change ambulance service provision for Herefordshire? What are these plans, and when will they be implemented?
14. If there are marked and regular discrepancies in service levels in different parts of the county, or between Herefordshire and other parts of the WMAS region, what action would WMAS take, or propose others take, to ensure that more equitable and efficient services can be achieved?

**Links to the Community Strategy**

The review group will identify how the outcome of this review contributes to the objectives contained in the Herefordshire Community Strategy, including the Council's Corporate Plan and other key plans or strategies.

**Links to the PCT commissioning of ambulance services**

The outcome of the review will possibly lead to questioning of the PCT management on the level of commissioning for ambulance services and their evaluation of the service provider.



<b>Timetable</b>	
<i>Activity</i>	<i>Timescale</i>
Agree approach, programme of consultation/research/provisional witnesses/dates	By Friday 17 October 08
Collect current available data	Monthly disaggregated stats on Herefordshire response times from WMAS – updates for Sept and Oct 08  Info about resources, funding, etc from WMAS HQ and Herefordshire locality by Friday 31 October 2008
Collect outstanding data	“
Analysis of data	By Friday 31 October 2008
Final confirmation of interviews of witnesses	By Friday 31 October 2008
Carry out programme of interviews	During first two weeks of November 2008
Agree programme of site visits	By Friday 31 October 2008
Undertake site visits as appropriate	During first two weeks of November 2008
Final analysis of data and witness evidence	By Friday 28 November 2008
Prepare options/recommendations	By Friday 28 November 2008
Present final report to Health Scrutiny Committee	On 5 December 2008
Present options/recommendations to Cabinet	
Cabinet response	
Implementation of agreed recommendations	
<b>Members</b>	<b>Support Officers</b>
Councillor K Swinburne Councillor Brigadier P Jones Councillor P J Watts Councillor A Seldon Councillor P G H Cutter	Sara Siloko

## **Appendix B Health Scrutiny Committee resolutions regarding WMAS, 2007-8**

**September 2007**

**RESOLVED:** That the Committee's response to the West Midlands Ambulance Service NHS Trust's consultation on the reconfiguration of emergency operations Centres should be based on the following points:

- support in principle for the reconfiguration of Emergency Operations Centres as proposed by the Trust, encouraged by the investment in compatible IT systems across the proposed 3 Centres.
- recognition of the strategic rationale for the proposal, however, in order to fully support the changes proposed the Committee would require assurance:
  - that the service on the ground in Herefordshire would not be adversely affected and that data for the County will be collated separately and monitored;
  - that there would be no urban drift of services and that this is monitored and evidenced by firm data; and
  - that in order to ensure that residents of Herefordshire continued to receive a high calibre service suitable training is provided to control room staff so that they had a good knowledge of the localities they served, including for example an understanding of the issues facing a rural area such as Herefordshire.
  - increased cross-border communication with neighbouring ambulance services to further improve effective service delivery.

**April 2008**

it be reiterated to the West Midlands Ambulance Service NHS Trust that the Committee would want to see some reinvestment into the County of any resources realised through reorganisation following the Trust's reconfiguration of call centres. Providing direct funding for equipment for Community First Responders would be a good place to start to seek to improve the provision of service to rural areas.

## Appendix C

### Visits and interviews

Ledbury Ambulance Station on 13 November, where members spoke to Lee Hutchinson, group station manager Herefordshire, and Colin Rowberry, community first responder, Ledbury area.

Bransford Emergency Operations Centre (EOC) on 13 November, where members spoke to Malcolm Price, divisional commander, and various EOC staff.

Hereford Ambulance Station on 19 November, where members spoke to Malcolm Price, Ian Skyrme, paramedic, Rob Stevens, community first responder, and Andrew Pryce-Rattle, community first responder.

Ross Ambulance Station on 20 November, where members spoke to Malcolm Price, Lee Hutchinson, Dennis Moore, paramedic and Kevin Lilwall, paramedic.

WMAS on 12 December. Members spoke to Derek Laird, WMAS locality director for Herefordshire, Shropshire and Worcestershire.

Herefordshire PCT on 15 December. Members spoke to Paul Ryan, head of commissioning.

Hereford Hospital Trust on 18 December. Members spoke to Lynne Kedward, business unit manager, medical services.

### Data and other information

Information and data supplied by WMAS

- Briefing Paper WMAS Oct 2008
- Herefordshire vehicle and crew numbers
- Examples of Incident Report Forms, anonymised
- Response analysis Oct 2008
- Hospital turnaround analysis Oct 2008
- Missed Category A calls Aug/Sept 2008
- Blank Patient Report Form
- Operations Directorate Report to WMAS Board Nov 2008
- Initial responses to key questions 13 Nov 2008
- Staff rota Herefordshire, week starting 17 Nov 2008
- Sample Status System Plans
- Disaggregated data for ambulance response times in Herefordshire, up to Nov 2008
- WMAS newsletters
- WMAS Board papers
- Post code locations of Herefordshire CFRs
- Matrix of cover

WMAS/Herefordshire PCT contract, 2008-9 supplied by Herefordshire PCT

Terms of Reference for an Independent Review of WMAS, supplied by Herefordshire PCT in February 2009

Volunteering best practice guidelines (Volunteering England)

Protocol for ambulance handover and draft escalation procedure supplied by Hereford Hospitals Trust



## GP-LED WALK IN HEALTH CENTRE

Report By: Director of Integrated Commissioning

### Wards Affected

County-wide

### Purpose

1. To note the award of a contract for the development of a GP-led walk-in health centre for Herefordshire and the provision of the out of hours service.

### Background

2. The Committee received a report in June 2008 that stated that as part of the NHS Next Stage Review being led by Lord Darzi, each Primary Care Trust (PCT) in England was tasked with developing a GP-led health centre which would be open from 8am until 8pm, seven days a week, which would provide booked appointments and walk-in services to registered and non-registered patients. The Committee was advised that the re-tendering of the Out Of Hours service in the County during the same time as the proposed new service development offered an opportunity for an innovative local solution with a single provider for the health centre and the out of hours service.
3. The report to the Committee referred to, *“mounting concern locally, regionally and nationally about the affordability of these centres and their suitability for rural areas.”* The Committee was advised at its meeting that the national model would not suit Herefordshire's needs.
4. The Committee was keen to seek assurance that any new development should not be to the detriment of the existing primary care service but should lead to improvement. The Chairman of the Committee was initially advised that the Walk in Centre would not have the ability to register patients and that only essential services would be provided by the Centre. When reported to Committee in June it was advised that, *“the Centre was required, contrary to the PCT's request, to have the ability to register patients.”* However at that time it was still believed the Centre would be restricted to providing essential services. In response to a specific question about the potential impact on local GPs it was said, *“that there was a potential risk if a large number of patients chose to register with the Centre. However, because the County was well provided with primary care services it was planned that the Centre would be restricted to providing essential services only. This would minimise the risk to local practices and avoid undermining the existing arrangements which were of a high quality as demonstrated by the patients surveys and the quality and outcomes framework.”*
5. On the basis of the information presented to it and the assurances received the Committee agreed:

- a) **the proposals for extended access to GP Services in Hereford City be welcomed recognising that they are demonstrably based on local need and the proposed Herefordshire Model for equitable access to Primary Medical Care Services therefore be supported;**
  - b) **a single provider of out of hours care and the service required to be provided between 8am and 8pm seven days a week would be beneficial to the local population;**
  - c) **the additional benefit of reducing inappropriate A&E attendances be noted;**
  - d) **the Primary Care Trust be urged to ensure continued engagement with GPs throughout the County to ensure their co-operation;**
  - e) **a communication programme be instigated by the Primary Care Trust to ensure the public know how and when to access the appropriate medical care;**
  - f) **the public consultation particularly with patient groups has ensured an appropriate level of engagement in the process;**
  - g) **the aim of ensuring there is access to GPs across the County on Saturday be supported; and**
  - h) **that the future integration of out of hours social care services in the new facility be encouraged.**
6. In September 2008, as part of the general update report on behalf of the Chief Executive of the PCT, the Committee was informed, *“that the contract being let would provide for the delivery of essential primary care services and for the delivery of additional and enhanced services as defined in the national GP contract. On clinical governance grounds it had not been feasible to restrict the Centre to only providing “essential” services.”*
7. The impression given was that, although the proposal had evolved, the Committee’s concerns were still addressed by the proposals.
8. The Committee agreed that, *“the GP Out of Hours and GP walk in Health Service should include the basic levels of GP service as it would reasonably be expected by a patient to include such as family planning, vaccinations and the like but should not offer services over and above those existing GP practice groups in Hereford City without further consultation with the Committee.”*
9. At the Committee’s meeting in December an invitee expressed grave concern over the development of the GP led Walk in Health Centre. In particular it was suggested that the proposal that had originally been presented by the PCT as a restricted emergency service now represented direct competition to the existing Primary Care GP Service. It was further suggested that the new Centre would in effect be receiving a subsidy, putting existing providers at a competitive disadvantage. If a cap on registrations were to be imposed at a low level this would remove any incentive on the part of those managing the new Centre to develop its role in competition with existing providers.
10. The Chairman reiterated that the Committee had approved the PCT’s plans for the Centre in June on the basis of assurances given to it at that time. The Committee had not subsequently reviewed the contractual documentation. In view of the concerns now being expressed on behalf of GPs she proposed to review the documentation associated with the proposal to establish whether it was consistent

with what the Committee had understood to be the case, noting the Committee's strongly expressed view throughout, and reinforced by the resolution it had passed on the issue in September, that the proposal should not be to the detriment of existing services.

### **Developments since the Committee's meeting on 5 December 2008**

11. The Chairman met the Director of Integrated Commissioning and Mr Euan McPherson EAPMC (Equitable Access to Primary Medical Care) Programme Manager on 9 December, following which she sought further clarification and assurance on a number of points.
12. The following clarification and assurances have been provided:

#### **Monitoring the number of patients registering with the new service**

A figure of 3,000 registrations has been agreed.

There is a requirement on the Provider to notify the PCT on a monthly basis, the number of patients registering at the GP Led Health Centre. The notification at 100% is so that a formal process can be undertaken to ascertain if there is a commissioning need to exceed the tolerance of 10% within the contract. The Provider cannot exceed this tolerance without formal written consent from the PCT.

This process would be managed by the EAPMC Performance Management Group, which will include clinical (GP and GDP) membership. Given the sensitivity of this issue a recommendation would then be made to the PCT Board for formal approval.

#### **Enhanced Service provision**

The GP Led Health Centre will not offer any Enhanced Services that are not available through other GP Practices in Herefordshire.

#### **Service Development**

If there was a need to significantly change or amend the contract, this would be addressed through the 'Contract Variation clause' and dependent upon the significance would be dealt with by either the EAPMC Performance Management Group or the PCT Board. The PCT would be keen to discuss any significant changes to the contract with the relevant key stakeholders.

#### **Relationship with existing Providers**

The PCT has confirmed that a key aspect of the Invitation To Tender was a requirement on the Provider to build and maintain good relationships across the Herefordshire health economy

#### **Renewal of contract**

Should the PCT decide to extend the contract beyond the initial 5 year term, this would require formal PCT Board approval.

**Information to registered GPs**

There is a requirement on the Provider to notify the PCT about the number of patients attending the GP Led Health Centre and the practice they are registered with. In addition the Provider is required to provide a summary report to the patients' registered GP regarding any attendance by 9.00am the next working day, at the latest.

**Marketing**

The PCT has made it explicit that it is opposed to any active marketing to attract registrations. However, the PCT will be expecting the Provider to publicise the walk-in facilities available, particularly for hard to reach groups.

**Financial incentive to register patients**

The PCT has confirmed that there is no financial incentive within the contract that would encourage the Provider to increase patient registrations. The Key Performance Indicators focus on reducing inappropriate A&E attendances via the provision of sufficient 'Walk-in' capacity.

**Key Performance Indicators (KPIs)**

If the Provider fails to achieve a single KPI for 3 or more consecutive quarters they will lose the total performance payment of 20% of the total contract value for that quarter.

There is a requirement in the contract to review the Key Performance Indicators annually in line with Herefordshire PCT's Director of Public Health Annual Report and the Joint Strategy of Needs Assessment.

**Contract Management Capacity**

The PCT has confirmed that the appropriate level of contract management resource will be available to ensure effective performance management of this contract.

**Contract Variation**

The PCT has confirmed that any significant contract variation will be discussed with the Health Scrutiny Committee.

**Diagnostic Arrangements**

The PCT has confirmed that the existing arrangement for the provision of Diagnostic Services will be protected.

**Successful Contractor**

The PCT has awarded the five year contract for the out of hours service and GP led Health Centre to Nestor Primecare. There is an option to renew at any point without retendering for a further five years.

It is proposed to invite representatives of Nestor Primecare to the Committee's next meeting on 27 March to explain their business plans.



## RECOMMENDATION

**THAT** the report be noted, subject to any comment the Committee wishes to make.

## BACKGROUND PAPERS

- None

