

## RESPONSE TO SCRUTINY REVIEW OF THE WEST MIDLANDS AMBULANCE SERVICE IN HEREFORDSHIRE

Scrutiny Review Recommendation	PCT/WMAS Joint Response (March 09)	PCT update (March 2010)	WMAS update
<b>Resources</b>			
<b>Recommendation</b>			
<p>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.</p>	<p>WMAS regularly reviews resources allocated to localities within the regional structure. The achievement of performance standards and maintenance of appropriate resource Unit Hour Utilisation are the drivers for resource level determination. The Independent Review that has been commissioned jointly with the West Midlands Primary Care Trusts is intended to identify the resource level needed to service the Model of Care agreed by the regional ambulance service commissioning group.</p>	<p>Resources dedicated to the provision of emergency ambulance services have again been reviewed by the Lightfoot report (Autumn 2009) and as part of the annual contract round for 2010/11</p>	<p>WMAS regularly reviews its demand profile to accurately match its resource provision in order to meet changing demand patterns and demographic profiles.</p> <p>This information is reviewed on a daily, weekly, monthly and yearly basis, and is the subject of discussion at regular management reviews.</p> <p>The information is produced from the Trust's dedicated Performance Cell team, which comprises the specialities of statisticians, information analysts and operations/resourcing managers.</p> <p>This information is then used to match resource to demand, taking into account the information presented and seasonal demands etc.</p>
2. That, if Malvern is	The Malvern and Ledbury	The emergency	The WMAS Emergency Operations

<p>at higher risk of needing ambulances, resources to cover this potential need should come from Worcestershire, not Herefordshire.</p>	<p>stations offer mutual support in times of high demand for service as part of the region wide arrangements for support. In terms of ambulance resource, the West Midlands PCTs are collectively requesting WMAS to act as a Regional resource to ensure resilience given peaks in demand. The ambulance resource to meet a call could effectively be deployed from anywhere. In other words there is no specific geographical “ring fence” as this would not be in the best interests of flexible response.</p>	<p>ambulance service continues to operate a regional response for deployment to cope with periods of high demand. This response has been strengthened by the provision of a capacity management service across the WMAS area.</p>	<p>Centre (EOC) splits the resources in Herefordshire and Worcestershire into discrete sectors.</p> <p>Each sector has dedicated teams which dynamically manage the resources allocated.</p> <p>Malvern is under the Worcestershire sector and under normal operating conditions; Herefordshire resources will not provide cover in Malvern. However, when demand is high, an element of cross cover may take place to ensure that patient care delivery is not compromised in spikes of high demand in a particular area,</p> <p>Needless to say, when Herefordshire experiences similar spikes in demand, a Worcestershire resource(s) may assist in a similar Manner.</p>
<p>3. Following the suggested needs assessment and via agreed commissioning protocols, it is likely that our findings will be supported - that additional ambulances</p>	<p>Ledbury currently has cover on station as follows:</p> <p>Ambulance: 08.30 – 18.30 hours</p> <p>Car: 09.00 – 21.00 hours</p> <p>WMAS have agreed to model</p>	<p>Further discussions regarding cover for the east and south of the county are continuing via the Hereford and Worcestershire locality group following the findings of the Lightfoot</p>	<p>WMAS would be able to accommodate a 24 hour vehicle at Ledbury, but would be unable to provide this out of existing resources. A 24 hour vehicle at Ledbury would need to be commissioned for the service.</p>

<p>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.</p>	<p>how these hours may be altered to provide additional cover, however it is unlikely that a 24 hour resource could be re modelled from the current resources in Ledbury or indeed transferred from other areas within the county.</p> <p>The Independent Review may identify more appropriate locations for any extra resource identified but this would be dependent on the response model and integral rostering and System Status Management rules.</p>	<p>report.</p>	
<p>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</p>	<p>WMAS currently provide (via contract funding) training, drugs, some protective clothing and basic kit to Community First Responders (CFR). WMAS have agreed to review what further support may be offered.</p>	<p>The Lightfoot report identified that Herefordshire PCT has consistently funded WMAS to a more than adequate level. Commissioners will continue to work with WMAS to strengthen the CFR service within the county</p>	<p>WMAS will work with commissioners to review what additional support may be offered to benefit the CFR schemes.</p> <p>It is to be noted that the CFR schemes are significantly funded by charitable arrangements; however it is recognised that such arrangements create a strong feeling of ownership and community spirit in each CFR zone, which assists greatly in the</p>

<p>on charity.</p>			<p>delivery and success of the Community Response Schemes.</p>
<p>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.</p>	<p>WMAS are currently advertising for a CFR manager to lead on support and training and recruitment of CFRs in Herefordshire, where previously the CFR manager provided support for both Herefordshire and Worcestershire. The CFR scheme overall is managed and directed at a regional level.</p>	<p>The CRM for Herefordshire has now been appointed. Please see WMAS response for further detail.</p>	<p>WMAS has appointed a dedicated Community Response Manager (CRM) for Herefordshire.</p> <p>The Herefordshire CRM has produced an action plan to build upon the success of the existing scheme and enhance the reach and coverage of the scheme.</p> <p>The aim is to greatly assist the contribution in terms of added value for patient care and operational performance.</p>
<p>6. That a concerted campaign at all levels</p>	<p>Both NHS Herefordshire and WMAS are in agreement with the</p>	<p>This issue was addressed as part of the</p>	

<p>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.</p>	<p>recommendations. The issue will be addressed as part of the Independent Review.</p>	<p>Lightfoot report and the contract for 2010/11 is to be rebased to more equitably reflect the costs of service provision.</p>	
<p>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).</p>	<p>The PTS service for Herefordshire has recently been subject to a tendering process with the contract now awarded to an independent contractor, Patient First. Further details of the tendering process and the new contract are available on request. The new provider will be providing the service from 1st May 2009. Herefordshire LINK is aware of this development and will receive a full briefing on the new service from commissioners shortly.</p>	<p>The PTS service continues to be provided under the new tender by Patient First. Regular monitoring of the effectiveness of this contract is undertaken.</p>	<p>WMAS no longer hold the PTS contract</p>

Pressures on the service			
<p>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.</p>	<p>The ambulance delay target against which this is measured is 15 minutes rather than 30 minutes as stated in the report. WMAS and the commissioners have agreed to keep this matter under review but current data suggests that this is less of an issue in Herefordshire than in other parts of the West Midlands, although clearly any delay is of concern.</p>	<p>The 15 minute target for ambulance delay is now monitored on a daily basis with issues arising regularly discussed between WMAS, HHT and commissioners. A new clinical handover policy has been produced and will be implemented for 2010/11. A copy of this is available on request.</p>	<p>WMAS works in a close and collaborative way with HHT and commissioners to address this issue.</p> <p>Information and data is produced to relevant parties to monitor and review handover times and is subject to regular review and discussions.</p> <p>Wherever possible, and when available, WMAS utilises alternative care pathways for patients which may result in a patient not requiring attendance in the HHT Emergency Department.</p> <p>The decision on the use of alternative care pathways is made by WMAS clinicians at the point a call is received and triaged in the EOC, or when an ambulance has arrived on scene and a patient assessment made.</p> <p>The use of alternative pathways is designed to improve the patient experience; rather than routinely transport a patient to hospital which</p>

			may not be an appropriate course of action for their needs.
2. That both WMAS and the Hospitals Trust improve, in collaboration with each other, their triaging and ambulance clearance time procedures.	NHS Herefordshire is in agreement with this recommendation. WMAS will work with HHT and the out of hours provider (Primecare) to review procedures and agree enhanced arrangements for the handling of category C calls.	Commissioners, WMAS and HHT continue to work together to improve ambulance clearing times. A new hospital handover protocol; has been agreed on a regional basis as part of the 2010/11 contract	WMAS enjoy an excellent working relationship with HHT.  Online access to the WMAS Command and Control system has been made available to HHT, which gives accurate real time data regards patient handovers and patient flows.  Please see point 1 regards the use of alternative care pathways and patient triage.
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.	NHS Herefordshire is in agreement with this recommendation and will press for this issue to be considered as part of the independent review. WMAS will work with the Welsh Ambulance Service to better understand present cross-border flows.	Work is ongoing between WMAS and the Welsh Ambulance service is this regard. Herefordshire Commissioners will continue to monitor cross-border flows.	WMAS has requested data on the previous 12 months of incidents where WMAS has helped the Welsh Ambulance Service, in particular the Monmouth area. Both Trust's will then work together to agree a process to manage cross border flows.
4. That the health scrutiny committee request a report on	NHS Herefordshire will provide the requested information on the out of hours service but it would	This information has been provided.	

<p>the out-of-hours (OOH) service provision in the county.</p>	<p>be helpful to agree with the review group the precise requirement.</p>		
<p>5. That the OOH provider conduct a comprehensive publicity campaign on the out of hours telephone number.</p>	<p>A new telephone number for the out of hours service has been agreed and will be widely publicised across the county in the coming weeks.</p>	<p>Action completed. It was communicated via:</p> <ul style="list-style-type: none"> <li>• Press release</li> <li>• Radio stations</li> <li>• Poster campaign on the back of buses</li> <li>• Article in Hereford Matters distributed to all households in Herefordshire</li> <li>• First Press – newsletter to all Hereford PCT and Council employed staff</li> <li>• Posters in all independent contractor premises plus business cards in all premises plus</li> </ul>	



		A&E department at HHT	
6. That improvement in collaboration and co-location of blue light services be encouraged.	Significant progress has already been made on greater collaboration with the other emergency services within the locality as a whole. Shropshire have arrangements to share all Fire Services stations to enhance strategic standby and are also working with the police on a similar basis. In Herefordshire good progress has been made with Hereford fire station being utilised for standby and Herefordshire police using a shared facility for vehicle maintenance and repairs. As the Ambulance service currently provides station facilities in all large conurbations within the county, further progress will be planned through the long term estates strategy for the County.	Collaboration is ongoing and effective – please see WMAS comments for further detail.	<p>The blue light services already work well together. The Fire Service carry AED's on some of their vehicles.</p> <p>The Fire station in Hereford is used for a standby point and there are on going talks with the Police to use their station in Belmont.</p> <p>All three services collaborate well and come together at the Road Safety meetings</p>
7. That regular and immediate progress reports on EOC reconfiguration be	WMAS have agreed to provide this information. There is currently no evidence to suggest that there is any resource drift	WMAS have provided this information which continues to suggest that there is no	Data has been requested from the WMAS Performance Cell which will highlight resource drift and response performance.

<p>supplied for scrutiny by Herefordshire's health scrutiny committee, especially regarding resource drift – away from the county, and overall - and response performance.</p>	<p>from the locality to other parts of the West Midlands.</p>	<p>significant resource drift form the locality to other parts of the West Midlands.</p> <p>Further data will be provided to the committee by WMAS.</p>	<p>The committee will be updated with the findings.</p>
<p><b>Data and information</b></p>			
<p>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.</p>	<p>Some outcome measures (e.g.: thrombolysis, Return of Spontaneous Circulation (ROSC) and FAST (stroke) tests) are already available. The development of Models of Care will deliver further quality measures as part of the 2009/10 regional contract. A copy of the contract will be supplied when finalised.</p>	<p>Key performance indicators are reported on a monthly basis and will be included in the 2010/11 contract along with quality incentive schemes (CQUINS). Once finalised, a copy of the 2010/11 contract will be available on request.</p>	<p>A range of Key Performance Indicators and Clinical Performance Indicators are measured on a local and national basis.</p> <p>This data includes hospital handovers, response standards, activity and job cycle times.</p> <p>This information is distributed and shared as appropriate.</p>

<p>2. That all ambulance service response time data be available disaggregated by post code for all localities within WMAS.</p>	<p>WMAS will provide this data.</p>	<p>This information is supplied.</p>	<p>This information is routinely supplied as requested.</p>
<p>3. That targets for rural Herefordshire be considered. These should be realistic without risking diminished performance.</p>	<p>All targets are defined by the Department of Health (DoH) and stipulated within a national mandated contract. It is not possible to agree further targets for Herefordshire without DoH agreement which is unlikely to be forthcoming.</p>	<p>The Lightfoot report considered this issue. It remains the case that it is not possible to agree further targets for Herefordshire without DoH agreement which is unlikely to be forthcoming. Although response times are given on a county basis, WMAS continues to be judged on its performance as a service.</p>	<p>WMAS reports on WMAS regional targets to the SHA, DoH and commissioners as set down by local and national requirements.</p> <p>Variation in targets will require a change to the national contract.</p>
<p>4. That public education on EOC technology (when it is functioning effectively), and about why local knowledge</p>	<p>A new computer aided dispatch (CAD) system is being introduced shortly into the Ambulance control centre at Millennium Point. The Herefordshire locality has been</p>	<p>Please see WMAS comments.</p>	<p>WMAS would like to invite members of the committee to visit the EOC at Brierley Hill Dudley to fully view the CAD and understand its functionality.</p>

<p>is not needed, be conducted.</p>	<p>chosen to introduce these changes first due the experience of the current staff on a similar system which was used at Bransford. If helpful WMAS have suggested Health Scrutiny Committee members could view these changes once fully installed to enable a further understanding of the system and technology available.</p>		
<p>5. That public education on life-saving techniques be undertaken within the community, with particular emphasis on schools.</p>	<p>NHS Herefordshire will take forward this campaign via the Public Health team. Funding has already been provided to the 'Heart Start' campaign.</p>	<p>The Heart Start campaign continues and further educational projects are under consideration.</p>	<p>WMAS Community Response Manager works with the public and involves The British Heart Foundation and Heart Start.</p> <p>A schools education programme is currently being considered as a project for WMAS.</p>
<p>6. That the Patient Report Form and other paperwork where possible be computerised and simplified as a matter of urgency.</p>	<p>Computerised patient report forms have been introduced in the Coventry and Warwickshire locality. The system is currently being evaluated and a roll out of this system is likely in the near future.</p>	<p>This project is ongoing and has been funded by commissioners through the contract with WMAS</p>	<p>The replacement of paper Patient Report Forms is and ongoing project, with a 'computerisation' project currently under evaluation in WMAS.</p> <p>The computerisation seeks to streamline and simplify patient detail recording processes and improve</p>

			reporting mechanisms.
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.	Please see 1 and 2 above. With the introduction of electronic patient records the capturing of clinical outcomes should be considerably more comprehensive and provide swifter and more reliable data than current methods.	The ongoing implementation of electronic records will greatly assist in the collection and provision of this data. It should also be noted that the 2010/11 contract will further incentivise quality measures and improvements in outcomes via CQUINs	Information is routinely collated and distributed as part of a regular monthly process.  The computerisation of data will greatly assist in the availability and reporting of live data and patient outcomes and clinical performance.
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.	These recommendations will be taken forward in discussion with WMAS and HHT	Additional triage measures have been implemented with A&E at Hereford Hospitals Trust including the placement of experienced General Practitioners in A&E during peak times on a weekly basis.	All emergency calls receive triage and prioritisation upon receipt of the call within the EOC. An appropriate response is then allocated.  Category C Calls (those calls with a lower priority) are passed to a Clinical Support Desk, with approximately 70% of the calls being diverted to a more appropriate care pathway.  This triage also takes place on scene following a face to face assessment by ambulance staff.