

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

Scrutiny Review Recommendation	PCT/WMAS Joint Response (March 09)	PCT update (September 2010)	WMAS update (September 2010)
Resources			
Recommendation			
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.	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.	The formation in 2010 of locality groups to monitor delivery of the WMAS contract across West Mercia will assist in this process. The group (which is chaired by a Herefordshire commissioner) keeps resource allocation under regular review and this will be assisted by the WMAS appointment of a logistics manager	The WMAS is currently realigning the management structure to match the commissioning cluster arrangements, a new role in the structure is a Logistics Manager, who's primary role is to manage the current resource and demand to ensure the correct resources are available but also to ensure that the strategy planning for the future workforce and resource requirements for the local counties, which will feed into the ongoing WMAS regularly reviews.
2. That, if Malvern is at higher risk of needing ambulances, resources to cover	The Malvern and Ledbury stations offer mutual support in times of high demand for service as part of the region wide	The emergency ambulance service continues to operate a regional response for	The WMAS Emergency Operations Centre (EOC) splits the resources in Herefordshire and Worcestershire into discrete sectors.

<p>this potential need should come from Worcestershire, not Herefordshire.</p>	<p>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>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>Please see WMAS response for further detail</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 are required, and that at least one is allocated to</p>	<p>Ledbury currently has cover on station as follows:</p> <p>Ambulance: 08.30 – 18.30 hours Car: 09.00 – 21.00 hours</p> <p>WMAS have agreed to model how these hours may be altered to provide additional cover, however it is unlikely that a 24</p>	<p>Review of WMAS data by the locality group indicates that changes already auctioned have addressed this issue and that no further capacity increase is presently required. This will be kept under review.</p>	<p>On reviewing of the data regularly, there is no requirement to increase the provision for Ledbury. This will be continually reviewed along with all other areas in the county.</p>

<p>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>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>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.</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>By agreement with WMAS, the CRM manager for Herefordshire and Worcestershire will attend the HOSC meeting on 20/09/2010 to brief on future developments.</p> <p>The role of CFRs is kept under review by the commissioners locality group.</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 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>Please see 4) above</p>	<p>As part of the management restructuring the CRM team is now accountable to the General Manager for West Mercia, to ensure that the local requirements are focused and developed to meet local needs.</p> <p>The Herefordshire & Worcestershire CRM Noel Orbell will be presenting the current arrangements and future developments of the scheme at the September HOSC meeting.</p>
<p>6. That a concerted campaign at all levels is conducted to demonstrate the need for “rural-proofing”,</p>	<p>Both NHS Herefordshire and WMAS are in agreement with the recommendations. The issue will be addressed as part of the Independent Review.</p>	<p>The 2010/11 contract incorporated many elements of earlier work to reflect a more equitable sharing of</p>	

<p>and that costs of service provision are equitably shared between localities in the West Midlands region.</p>		<p>costs. Further work will be undertaken on a regional basis in this regard.</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.</p> <p>The new clinical handover policy has now been implemented and delays in turnaround at acute units are monitored daily.</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</p>

			<p>transport a patient to hospital which may not be an appropriate course of action for their needs.</p> <p>On going</p>
<p>2. That both WMAS and the Hospitals Trust improve, in collaboration with each other, their triaging and ambulance clearance time procedures.</p>	<p>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.</p>	<p>Commissioners, WMAS and HHT continue to work together to improve ambulance clearing times. Further detail is given above and in the WMAS response.</p>	<p>WMAS enjoy an excellent working relationship with HHT.</p> <p>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.</p> <p>Please see point 1 regards the use of alternative care pathways and patient triage. On going</p>
<p>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.</p>	<p>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.</p>	<p>Work is ongoing between WMAS and the Welsh Ambulance service in this regard. Herefordshire Commissioners will continue to monitor cross-border flows. Further meetings in this regard have been arranged for September</p>	<p>WMAS has a meeting arranged on the Welsh Ambulance to develop a better working arrangement, which is best for patients and cover. WMAS are committed to working with the Cross Border Health & Social Care Group in Herefordshire. Next meeting on 21st September 2010</p>

		2010.	
4. That the health scrutiny committee request a report on the out-of-hours (OOH) service provision in the county.	NHS Herefordshire will provide the requested information on the out of hours service but it would be helpful to agree with the review group the precise requirement.	This information has been provided.	
5. That the OOH provider conduct a comprehensive publicity campaign on the out of hours telephone number.	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>Action completed. It was communicated via:</p> <ul style="list-style-type: none"> • Press release • Radio stations • Poster campaign on the back of buses • Article in Hereford Matters distributed to all households in Herefordshire • First Press – newsletter to all Hereford PCT and Council employed staff • Posters in all independent 	

		<p>contractor premises plus business cards in all premises plus A&E department at HHT</p>	
<p>6. That improvement in collaboration and co-location of blue light services be encouraged.</p>	<p>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.</p>	<p>Collaboration is ongoing and effective – please see WMAS comments for further detail.</p>	<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 a standby point and WMAS are at the planning stage to utilise Belmont Police station as a further standby.</p> <p>All three services collaborate well and come together at the Road Safety meetings</p>

<p>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.</p>	<p>WMAS have agreed to provide this information. There is currently no evidence to suggest that there is any resource drift from the locality to other parts of the West Midlands.</p>	<p>WMAS have provided this information which continues to suggest that there is no significant resource drift from the locality to other parts of the West Midlands.</p> <p>Further data will be provided to the committee by WMAS.</p> <p>The anticipated development of a STEMI service in Worcester should assist in further minimising the impact of this issue.</p>	<p>There is an ongoing issue of ambulances leaving the county for patients requiring speciality treatments in Worcestershire or Birmingham hospitals. Given the distance and time, this does impact on the available resource in the county. This is being reviewed with the PCT and HHT to identify if all the transfers are for WMAS or part of the Patient First contract.</p>
<p>Data and information</p>			
<p>1. That commissioners, SHA and DoH measure ambulance service performance by outcome-based indicators as well as</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</p>	<p>These indicators form part of the 2010/11 contract as previously advised.</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</p>

<p>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>measures as part of the 2009/10 regional contract. A copy of the contract will be supplied when finalised.</p>		<p>cycle times.</p> <p>This information is distributed and shared as appropriate.</p> <p>On going</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. On going</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</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>

		judged on its performance as a service.	
4. That public education on EOC technology (when it is functioning effectively), and about why local knowledge is not needed, be conducted.	A new computer aided dispatch (CAD) system is being introduced shortly into the Ambulance control centre at Millennium Point. The Herefordshire locality has been 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.	Please see WMAS comments.	WMAS extends an open invite to members of the committee to visit the EOC at Brierley Hill Dudley to fully view the CAD and understand its functionality.
5. That public education on life-saving techniques be undertaken within the community, with particular emphasis on schools.	NHS Herefordshire will take forward this campaign via the Public Health team. Funding has already been provided to the 'Heart Start' campaign.	The Heart Start campaign continues and further educational projects are under consideration. This work is ongoing.	WMAS Community Response Manager works with the public and involves The British Heart Foundation and Heart Start. A schools education programme is currently being considered as a

			project for WMAS. On going
6. That the Patient Report Form and other paperwork where possible be computerised and simplified as a matter of urgency.	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.	This project is ongoing and has been funded by commissioners through the contract with WMAS. The project is currently under evaluation.	This project roll out was put on hold by WMAS due to demand pressures on the Service in September 2009. The project is currently being evaluated for future roll out.
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 further incentivised 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. On going
8. That effective triaging of patients, communicated at the earliest stages to hospitals (for example by EOCs, or crews on first seeing a patient)	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	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

<p>and followed up by further triaging at hospital by senior clinical decision-makers, be implemented as a matter of urgency.</p>		<p>Practitioners in A&E during peak times on a weekly basis.</p> <p>Additional triage measures have also been initiated by WMAS.</p>	<p>lower priority) are passed to a Clinical Support Desk, with approximately 70% of the calls being diverted to a more appropriate care pathway.</p> <p>This triage also takes place on scene following a face to face assessment by ambulance staff. On going</p>
---	--	--	--