

Nottinghamshire  
County Council

# Overview and Scrutiny

## East Midlands Ambulance Service Select Committee Draft Final Report – November 2007





# **East Midlands Ambulance Service Select Committee Final Report**

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## **Members of the Select Committee**

The Select Committee Chair is Councillor Chris Winterton and the Vice-Chair is Councillor Joe Lonergan MBE.

The following Members have been on the Select Committee:

Councillor John Allin  
Councillor Kenneth Bullivant  
Councillor Mrs Kay Cutts  
Councillor Andy Freeman  
Councillor Edward Llewellyn-Jones  
Councillor Ellie Lodziak  
Councillor Susan Saddington  
Councillor Parry Tsimbiridis  
Councillor Brian Wombwell

The following were co-opted from the Health Scrutiny Committee for Lincolnshire:-

Councillor Barry Fippard -Lincolnshire County Council  
Mr John Rose – Public & Patient Information Forum (PPIF)  
Councillor Jean Hill – East Lindsey District Council (Substitute)

Support to the Select Committee was provided by:

Matthew Garrard, Scrutiny Officer, Nottinghamshire County Council  
Paul Glazebrook, Overview and Scrutiny Team Leader, Lincolnshire County Council  
Barbara Cooper, Senior Administration Officer, Nottinghamshire County Council

With continuing co-operation from officers from the East Midlands Ambulance Service.

## Summary

1. Nottinghamshire County Council Overview and Scrutiny Committee established a scrutiny review of the East Midlands Ambulance Service NHS Trust in November 2006 following the Trust achieving a Weak rating in the Healthcare Commission's Annual Health Check process for quality of services and a fair rating for use of resources.
2. The review was conducted in partnership with Lincolnshire County Council and sought to deliver an evidence based assessment of the East Midlands Ambulance Service's (EMAS) performance and services in rural areas. This included understanding the reasons for the Healthcare Commission's rating.
3. Since the 2006 Annual Health Check result the East Midlands Ambulance Service NHS Trust has been reconfigured to form a new trust covering the previous EMAS areas of Derbyshire, Nottinghamshire, Leicestershire and Rutland and the areas previously served by the Lincolnshire Ambulance and Health Transport Service NHS Trust (including North and North East Lincolnshire) and part of Two Shires Ambulance NHS Trust that covered Northamptonshire. The Trust was established on 1 July 2006.
4. The new EMAS NHS Trust has consistently demonstrated improving response times across the region despite the significant challenges posed by this reconfiguration.
5. The review recognises this improvement and congratulates the Trust on the recently awarded Good rating for the quality of services.
6. Whilst recognising the overall improvement in performance across the Trust, the review notes that issues of rurality continue to present a challenge to the Trust's services. The review recognises the efforts the Trust have made to improve rural services, including the contribution made by LIVES and First Responders but asks the Trust to seek new ways to further improve the service that rural communities receive. The review recommends that the commissioners of EMAS to work with EMAS should investigate ways to improve rural services and invites all public service providers to support the Trust with initiatives to base emergency and urgent care in the community.

7. EMAS NHS Trust has shown a commitment to working with partners to improve services across the Community. The review makes a number of further recommendations to help improve partnership working.

## **Reasons for the review**

8. Nottinghamshire County Council's Overview and Scrutiny Committee set the following terms of reference for the review:

**to examine the performance of the East Midlands Ambulance Service following the ratings received as part of the Health Care Commission's annual health checks;**

**the Overview and Committee is particularly interested in examining the service's performance and services in relation to rural areas.**

9. The review relates to the Council's Community Leadership role and the Community Strategy aim to improve health and well being.
10. The review was identified by Members as a priority topic for a scrutiny review following two reports to the Overview and Scrutiny Committee; a report to the 30 October Overview and Scrutiny Committee meeting on the Healthcare Commission Annual Health Checks, and a report to the 27 November Overview and Scrutiny Committee meeting on the East Midlands Ambulance Service as a potential scrutiny topic.

## **What outcomes were sought?**

11. The review sought to deliver an evidence based assessment of the East Midlands Ambulance Service's performance and services in rural areas. The review will then seek to provide evidence based suggestions and recommendations to help improve this performance.

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# East Midlands Ambulance Service NHS Trust

## Background

12. The East Midlands Ambulance Service NHS Trust (EMAS) provides emergency and unscheduled care and patient transport for 4.6 million people in an area covering approximately 6,425 square miles across Derbyshire, Derby, Nottinghamshire, Nottingham, North Lincolnshire, North East Lincolnshire, Lincolnshire, Northamptonshire, Leicester, Leicestershire and Rutland.
13. EMAS was formed on 1 July 2006 and operates across the area previously served by
  - East Midlands Ambulance Service NHS Trust (pre July 2006)
  - Lincolnshire Ambulance and Health Transport Service NHS Trust
  - Part of Two Shires Ambulance NHS Trust
14. The new EMAS employs over 3,000 staff at more than 70 locations and operates a fleet of over 800 vehicles. The Trust respond to more than half-a-million 999 calls and provides 1.25 million journeys for non emergency patients. Year on year the Trust has seen a 5% increase in activity which presents significant resource issues.
15. This review did not consider non-emergency transport services (i.e. patient transport).



## **Commissioning and Performance Management**

16. The Select Committee identified a need to understand the overall picture of performance management for EMAS and also to understand the role of health organisations in relation to EMAS.

- Role of the Healthcare Commission
- Role of the Strategic Health Authority (SHA)
- Role of the Primary Care Trusts (PCTs)

### **The Healthcare Commission**

17. The Healthcare Commission is the national inspectorate for healthcare in England. The Commission conducts the Annual Health Check process where NHS Trusts are assessed on their performance against national targets set by the Department of Health. This includes assessment against 24 Core Standards – viewed as the basic standard - existing national targets and new national targets.
18. The Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission are due to be replaced by a new inspectorate - Ofcare - by April 2009.

### **Role of the Strategic Health Authority**

19. The Strategic Health Authority for Nottinghamshire and Lincolnshire is NHS East Midlands. Strategic Health Authorities were reconfigured in July 2006, with new responsibilities. NHS East Midlands were invited to assist the Select Committee by explaining the new role of the SHA and specifically the role of the SHA in relation to Ambulance Trusts. The Select Committee also sought to understand any role that the SHA might have in the performance management of EMAS and any involvement in the setting of targets and local classifications.
20. The Strategic Health Authority is responsible for performance managing PCTs who in turn are responsible for commissioning and managing contracts for services from ambulance trusts. The SHA passes guidance from the Department of Health to local commissioners.

21. The Select Committee were informed that the SHA would only intervene should there be a breakdown in the relationship between the ambulance service (EMAS) and the commissioners (PCTs).

### **Role of the lead commissioner (Derbyshire County PCT)**

22. The East Midlands Ambulance Service operates across the boundaries of 12 primary care trusts (PCTs). Derbyshire County PCT acts as the lead commissioner for EMAS managing a contract with a total contract value of £106m
23. Derbyshire County PCT acts as 'co-ordinating commissioner' with the other 10 'associate commissioners' for EMAS' emergency services. Monthly meetings are attended by officers from all the PCTs in the East Midlands to review performance, evaluate progress and deal with service issues. This regular exchange of ideas and shared concerns seeks to ensure that successes can be replicated and problems resolved across the service ensuring improvements are achieved throughout the whole area.
24. In 2007 the ambulance service (EMAS) was locally commissioned by the PCTs to deliver national targets, at reconfigured PCT level:
- a. Category A calls (may be immediately life threatening) 75% within 8 minutes
  - b. Category B calls (serious, but not life threatening) 95% within 19 mins
  - c. Category C calls (not life threatening) 100% within 4 hours
25. The Select Committee noted that the East Midlands Ambulance Service, pre July 2006, had not been commissioned by all PCTs to deliver services to the national targets.

### **Transparency**

26. The Select Committee spent a significant amount of time developing an understanding of how Trusts are performance managed and found the issue complex. The health community is encouraged to aid transparency by increasing awareness of the roles of SHAs, PCTs and deliverers of services.

## Performance reported during the review

27. The Select Committee was presented with a wide range of relevant performance information relating to EMAS during the course of the review. This predominantly focused on the response times for 999 calls and included the Annual Health Check ratings for 2005-06 and 2006-07.

### Annual Health Checks 2005-06

28. The review was initiated following from the announcement of the Annual Health Check rating for ambulance services for services delivered between April 2005 – April 2006. Ambulance trusts submitted a statement to the the Healthcare Commission in April 2006 detailing performance during the preceeding 12 months. The Trust scores were published in October 2006.
29. The Annual Health Check rating is split into two scores - **Quality of Services** and **Use of Resources**. For 2005-06 the Trusts that now form EMAS received the following ratings:

Trust	Quality of services	Use of resources
East Midlands Ambulance Service NHS Trust	WEAK	FAIR
Lincolnshire Ambulance and Health Transport Service NHS Trust	FAIR	FAIR
Two Shires Ambulance NHS Trust	FAIR	FAIR

30. The Quality of Service score is based on 3 component parts:
- The Healthcare Comission's Core Standards
  - Meeting existing National Targets
  - Meeting new National Targets

## EMAS - Core Standards

31. For 2005-06 the Healthcare Commission concluded that EMAS met all of the Core Standards.

## EMAS - Meeting Existing National Targets

32. The Healthcare Commission stated:

“East Midlands Ambulance Service NHS Trust was assessed against all of the 4 existing national target indicators. The organisation achieved 2 indicators, underachieved 1 indicator and failed to meet 1 indicator. East Midlands Ambulance Service NHS Trust was given a score of not met for existing national targets. This means that it automatically received a score of weak for quality of services.”

Indicators	Level of performance	
	EMAS	Lincolnshire
The percentage of category A calls receiving a response within eight minutes	Achieved	Achieved
The percentage of category A calls receiving a response within 14 minutes in urban areas or 19 minutes in rural areas	Achieved	Underachieved
The percentage of category B calls receiving a response within 14 minutes in urban areas or 19 minutes in rural areas	Failed	Underachieved
Thrombolysis: increasing the percentage of heart attack patients who receive thrombolysis within 60 minutes of calling for help	Underachieved	Underachieved

## EMAS - Meeting New National Targets

33. The Healthcare Commission stated:

“East Midlands Ambulance Service NHS Trust was assessed against all of the 5 new national target indicators. The organisation achieved 4 indicators, underachieved 0 indicators and failed to meet 1 indicator. The performance of this organisation against the indicators for each of these new national targets is

shown in the table below. Please note: organisations are assessed against all indicators that relate to their various functions. “

Indicators	Level of performance
Participation in audits	Achieved
Processes in place to control infection	Failed
Does the organisation comply with key elements of guidelines on treating people who have self-harmed?	Achieved
Response to Taking healthcare to the patient	Achieved
Smoke-free NHS	Achieved

### Annual Health Checks 2006-07

34. Ambulance trusts submitted a statement to the the Healthcare Commission in April 2007 detailing performance from April 2006-07. The Trust scores were published in October 2007.

35. The new EMAS trust acheived the following ratings for 2006-07:

Trust	Quality of services	Use of resources
East Midlands Ambulance Service NHS Trust	<b>GOOD</b>	<b>FAIR</b>

36. Compared nationally, 41.6% of Ambulance Trusts scored Good for Quality of Services, no trust scored Excellent. 66.7% of Ambulance Trusts scored Fair for Use of Resources, only one Trust scored Good and none scored Excellent.

37. EMAS fully met all **core standards** – 50% of ambulance trusts achieved this. The Healthcare Commission stated: “East Midlands Ambulance Service NHS Trust was meeting all of the core standards set by Government.”

38. EMAS almost met **existing national targets** – 41.7% of ambulance trusts achieved this. Only one trust fully met the targets. The Healthcare Commission stated: “East

Midlands Ambulance Service NHS Trust performed well for many aspects of this assessment.”

39. The existing national targets comprises of the following 4 targets:

- All ambulance trusts to respond to 75% of category A calls within 8 minutes – **Achieved**
- All ambulance trusts to respond to 95% of category A calls within 19 minutes after the request has been made for transport – **Achieved**
- All ambulance trusts to respond to 95% of category B calls within 19 minutes – **Under achieved - 91.01%**  
(30.2% of ambulance trusts achieved the target, 69.8% underachieved)
- Deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help - **Achieved**

40. EMAS received a score of excellent for **new national targets** – 58.4% of ambulance trusts achieved excellent. The Healthcare Commission stated: “East Midlands Ambulance Service NHS Trust performed well beyond the minimum requirements and the reasonable expectations for this assessment. “

41. Members were previously concerned by the performance of EMAS in infection control. The New National Targets include the following target which has been **achieved** by EMAS: Achieve year on year reductions in MRSA levels, expanding to cover other healthcare associated infections as data from mandatory surveillance becomes available.

42. The Select Committee had also expressed concern that the EMAS trust (pre October 2006) had not achieved the thrombolysis target. This was achieved in 2006-07.

43. In addition to these two national judgements the Select Committee was presented with regular updates on performance in May, July and September 2007. The data provided by EMAS in September 2007 demonstrated that across the Nottinghamshire and Lincolnshire Divisions the Trust was:

- Achieving the target that - All ambulance trusts to respond to 75% of category A calls within 8 minutes
  - Achieving the target that - All ambulance trusts to respond to 95% of category B calls within 19 minutes
44. The Select Committee recognises the improvement that EMAS has made since reconfiguration in 2006.

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## Rural Issues

45. The Select Committee requested specific data on response times in rural areas. This was broken down into the areas served by PCTs prior to the 2006 reconfigurations.
46. In the Lincolnshire Division (which includes North and North East Lincolnshire), the evidence presented to the Select Committee in September 2007 demonstrated that the Trust was achieving its targets for 75% of category A calls within 8 minutes across the division. The Select Committee noted that responses in East Lincs and SW Lincs were less than other areas of the division.

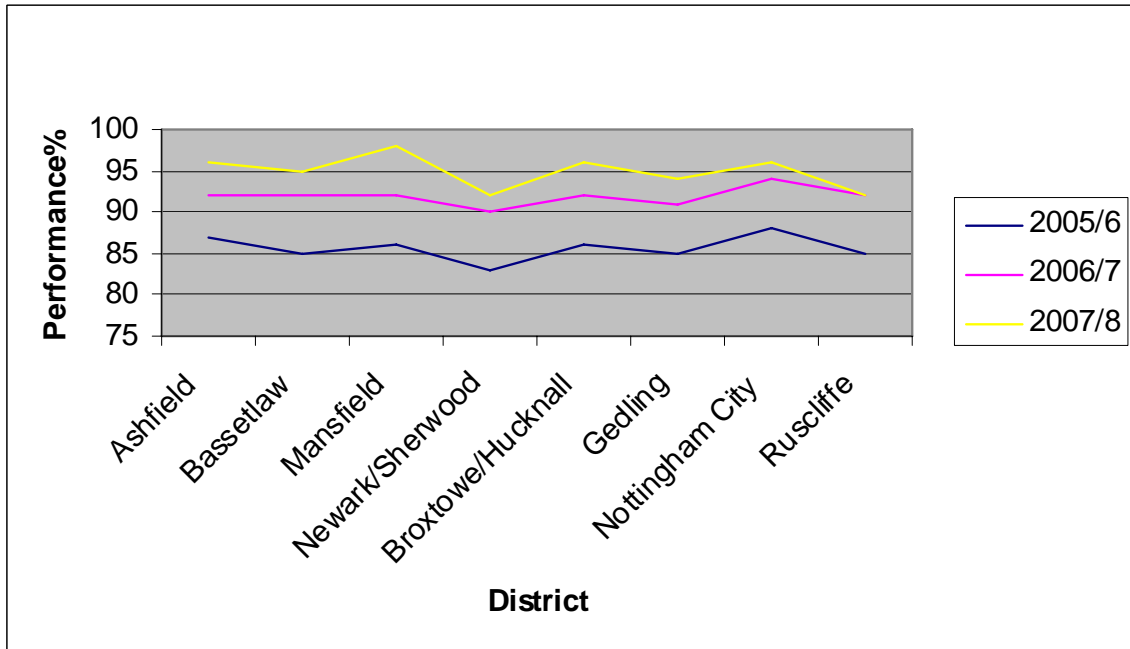
A8	Apr05- Mar06	Apr06- Jun06	Jul06- Mar07	Apr07- Jul07
East Lincs	70.11	67.82	68.11	69.9
SW Lincs	69.77	70.98	69.45	70.72
West Lincs	79.26	80.17	80.99	82.63
NE Lincs	87.74	90.27	88.43	90.57
N Lincs	75.31	75.66	74.96	74.27

47. The Trust also demonstrated that it was achieving its targets for responding to 95% of category B calls within 19 minutes across the division. The Select Committee noted that again responses in East Lincs and SW Lincs were less than other areas of the division.

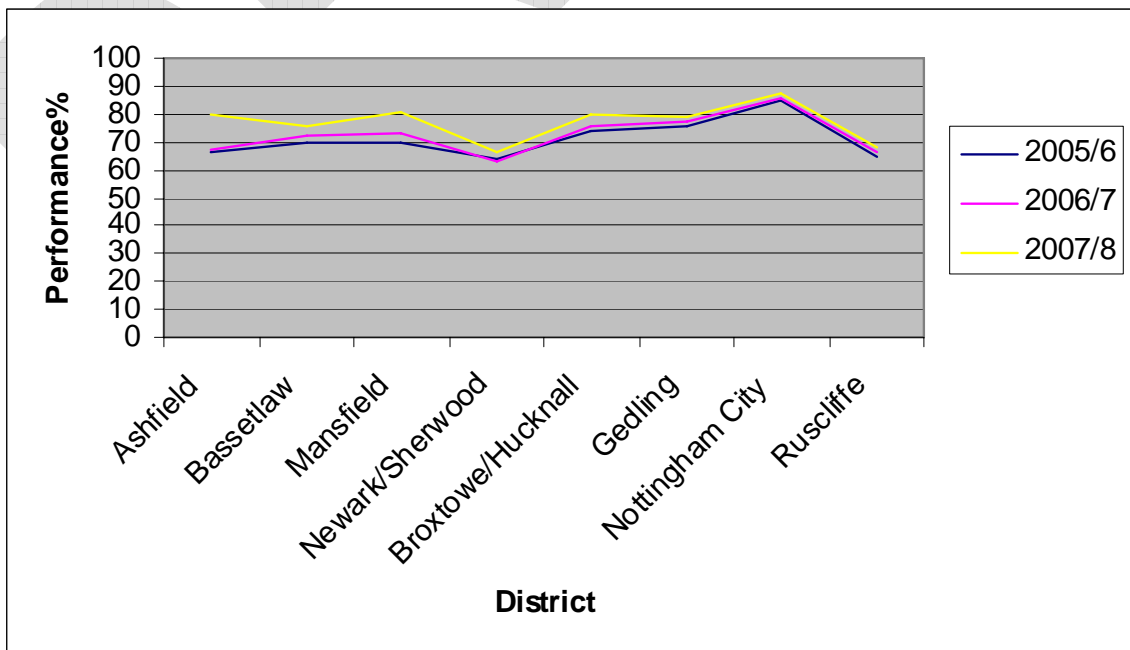
B19	Apr05- Mar06	Apr06- Jun06	Jul06- Mar07	Apr07- Jul07
East Lincs	87.6	88.6	87.3	86.5
SW Lincs	88.4	88.6	87.2	89.8
West Lincs	95.1	96.1	95.9	94.9
NE Lincs	98.3	98.5	97.9	96.9
N Lincs	94.5	95.8	94.3	93.2



48. In Nottinghamshire, the evidence presented to the Select Committee in September 2007 demonstrated that the Trust was achieving its targets for 75% of category A calls within 8 minutes and had shown consistent improvement in Newark and Sherwood and Rushcliffe were less than other areas of the division.



49. The Trust also demonstrated that it was achieving its targets for responding to 95% of category B calls within 19 minutes across the division. The Select Committee noted that again responses in Newark and Sherwood and Rushcliffe were less than other areas of the division.



50. The Select Committee was informed of some of the ways that the Trust had improved performance and some of the ways that challenges in providing services to rural communities were being addressed.
51. The Select Committee learnt of the use of dynamic stand-by points – where the Trust uses statistical data to identify the most appropriate location to base resources based upon a constantly evolving analysis of most likely point of need. The Trust detailed how dynamic stand-by points provide a vital tool in ensuring that resources can respond quickly.
52. The Select Committee noted that the location of dynamic stand-by points is always evolving. The Select Committee encourages partners to support EMAS by providing joint facilities for ambulance crews where EMAS identify the need for a stand point.

*Recommendation*

*It is recommended that local authorities and other partners support support EMAS' use of dynamic stand-by points and should assist EMAS to secure appropriate facilities for resources and crews deployed at such locations.*

*Nottinghamshire County Council specific recommendation –*

*It is recommended that the County Council support EMAS' use of dynamic stand-by points and should assist EMAS to secure appropriate facilities for resources and crews deployed at such locations.*

53. The Trust explained the contribution made by first responders and the fire and rescue service. The Select Committee was informed of the work of LIVES, a charity that provides a responder scheme across Lincolnshire.
54. The Select Committee praised the contribution of volunteers and encouraged the health community to support and further develop such schemes where appropriate.

*Recommendation: The review recognises the efforts the EMAS has made to improve rural services, including the significant contribution made by LIVES and First Responders and encourages the Trust to expand these schemes to other rural areas.*

55. The Select Committee recognises the overall improvement in performance across the Trust's operational divisions, but notes that issues of rurality continue to present a challenge to the Trust's services.

*Recommendation:*

*The Select Committee asks the Trust to seek new ways to further improve the service that rural communities receive. The review recommends that the commissioners of EMAS work with the Trust to investigate ways to improve rural services and invites all public service providers to support EMAS with initiatives to base emergency care in the community.*

## Understanding the Trust's Services

56. In addition to understanding the overall picture of performance management for EMAS, the Select Committee decided that Members required an understanding of how the Trust operated. The Select Committee was invited to visit the Trusts' Control Centres and for Members to accompany staff responding to 999 calls. The Select Committee also received detailed presentations from EMAS' Divisional Operations Managers explaining how the service operates and the challenges faced by the Trust.

### EMAS Control

57. A number of visits were undertaken to the EMAS Control Centres in Nottingham, Lincoln and Northamptonshire:

#### Nottingham

18 June	Cllr Brian Wombwell	Matthew Garrard	
25 June	Cllr Parry Tsimbiridis		
2 July	Cllr Sue Saddington	Cllr Mrs Kay Cutts	Cllr Ellie Lodziak
9 July	Cllr Joe Lonergan	Cllr Chris Winterton	

#### Lincoln

18 June	John Rose	Paul Glazebrook
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#### Northamptonshire

2 July	Cllr Brian Wombwell
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58. Members of the Select Committee noted the size of the Nottingham Control Centre and commented on the number of operators responding to 999 calls. The Select Committee noted that the current control is not suited to further expansion and thead of plans to relocate in order to achieve further improvements in responding to emergency calls.

*Recommendation*

*That EMAS' planned move to a new Nottingham control be supported as an important step towards providing sustained improved response times.*

59. Members of the Select Committee witnessed the systems used by EMAS to locate callers and to dispatch resources and noted that with new technologies there appears to be less need for local knowledge in handling 999 calls. Members of the Select Committee discussed the concept of relocating other control centres and the service efficiencies that any such proposal could provide.
60. The Select Committee note and agrees with the Trust's position that a second smaller control should be maintained as part of contingency planning and notes the Trust's evidence that Lincolnshire Control is the more compatible for such purposes.
61. Members of the Select Committee were also provided with the opportunity to accompany staff responding to 999 calls.

## Partnership Working

62. The Select Committee invited EMAS to identify any areas where improved partnership working could assist the provision of ambulance services. The Select Committee received the following suggestions from EMAS:

63. **Management of Frequent Callers** – “this is an increasing and problematic issue. Last year one individual made forty-five 999 calls which required an ambulance response and there are many more such examples. Of these only 2 calls led to transport to hospital. Frequent callers affect many services and are financially challenging. We therefore need to work together to understand the reasons why and manage this. We would welcome the opportunity to work in partnership with you to do this.”

*Recommendation: The Select Committee recommends that local authorities accept EMAS’ invitation to address the management of frequent callers and that the possibility of co-location of staff in control centres should be explored*

64. **Transport** – “transport infrastructure is a major issue, for both our services. Current proposals in both counties to reconfigure acute hospital services may lead to longer ambulance journeys which in turn will tie up crews for longer periods of time and require additional investment to maintain current performance. Sharing of transport plans for comment would be a welcome step forward in ensuring that transport is considered early on in planning processes. “

*Recommendation: The Select Committee recognises that EMAS is best placed to determine the impact of service changes on ambulance services and response times and should be included as a consultee to NHS consultations. The Select Committee also agrees that local authority highways and property proposals can impact on ambulance services and response times and that the Trust should be included in any consultation on such proposals.*

*It is recommended that all NHS Trusts providing services to the Community of Nottinghamshire ensure that the East Midlands Ambulance Services is consulted on service developments/variations.*

*It is recommended that in considering proposals for service developments/variations that Nottinghamshire County Council's Overview and Scrutiny Committee (or commissioned Select Committee) ensure that the East Midlands Ambulance Service is a consultee*

*It is recommended that Nottinghamshire County Council's Communities Department ensure that the East Midlands Ambulance Service is included when consulting on highways and property proposals.*

65. **Health needs assessment** – “EMAS collect a wealth of valuable health information which would add benefit to Council planning processes e.g. on the incidence of heart attack (myocardial infarction), accidents, falls etc. We would welcome the opportunity to share this.”

*Recommendation: Local Authorities should provide the opportunity for EMAS to share information that may be of use to them. Local Authorities and PCTs should also involve the ambulance trust when undertaking joint strategic needs assessments.*

66. **Intermediate Care** – “Our Emergency Care Practitioners and Community Paramedics are key members of local intermediate care teams but their skills are often not fully utilised or understood. We would therefore like to see our staff included in steering groups etc set up to establish services that address emergency and urgent care needs including intermediate care, management of long term conditions or other chronic disease management schemes. In this way we factor in the skills of our emergency care practitioners who are able to see and treat people in their own homes and if needed refer to other community primary care facilities.

67. In addition we are keen to develop and add value to patient care pathways so that when we need to access step down/up beds in community hospitals or other forms of care respite, that our staff know how and when they can access them.”

*Recommendation: the Select Committee recognises that EMAS is an important partner and encourages NHS Trusts and Local Authority Social Care Departments to review their relationship with the Trust to ensure that it is engaged more effectively.*

68. **Long Term Conditions** (LTCs) – “we would like to work in greater partnership in effective management of long term conditions and be clearly identified in a patients care plans so that they know how to contact us in an emergency/urgent situation. There are lots of opportunities for our staff to ‘see and treat’ in a person’s own home so preventing unnecessary hospital admission. Linking our staff to local home care wardens/care staff who quickly pick up any urgent care service that will enhance the effective management of LTCs.”

69. **Older people** – “as LTC above”

70. **Public Involvement** – “health education, engagement and involvement could be further enhanced by joining forces across our organisations.”

*Recommendation: the Select Committee recognises that EMAS is an important partner and encourages Local Authorities to review their relationship with the Trust to ensure that it is engaged more effectively including in respect of managing long term conditions, older people and public involvement.*

71. **Social Care ‘special’ transport** – “Our trained staff are currently providing special transport for patients with exceptional health needs e.g. children with tracheostomy. We would like to explore whether there is a need to expand this service working in partnership with social care. “

*Recommendation: the Select Committee recognises that EMAS is an important partner and encourages Local Authority Social Care Departments and EMAS to discuss special transport.*



72. **Local Area Agreements, Public Service Agreements, Community Safety Groups** – “EMAS are very keen to be seen as contributors both to agreement planning and also supporting action to achieve relevant targets. Last year we worked with local Police to deliver a late night town centre triage service which resulted in people being treated on scene and avoided hospital admission. There may be other initiatives that we could be involved in that would support achievement of public safety.”

*Recommendation: the Select Committee recognises the contribution that EMAS can make to addressing community priorities and encourages local strategic partnerships to involve the Trust.*

73. **Emergency Planning** – “Both of our organisations have responsibilities for delivering the appropriate response in the case of major incident of chemical, biological, radiological or nuclear incident. Our staff offer awareness raising sessions/training in this area which may be of interest to you.”

*Recommendation: the Select Committee encourages Local Authorities to discuss awareness raising opportunities with the Trust.*

74. **Training and Education** – “Our training and education department provide value for money first aid, basic life support and manual handling training which you may like to consider accessing in the future for your staff.”

*Recommendation: the Select Committee encourages Local Authorities to discuss training and education opportunities with the Trust.*

## **Emergency Services**

75. During the review Members were concerned that emergency services should co-operate closely both on the ground, in control centres and at management level. The Select Committee encourages all emergency services to review their existing protocols and strengthen relationships. The Select Committee believes that the move to a new digital radio system will provide an opportunity to improve working across the emergency services.

## Summary of Recommendations

### **Rural Issues -**

*The review recognises the efforts the Trust has made to improve rural services, including the significant contribution made by LIVES and First Responders and encourages the Trust to expand these schemes to other rural areas.*

*The Select Committee asks the Trust to seek new ways to further improve the service that rural communities receive. The review recommends that the commissioners of EMAS work with the Trust to investigate ways to improve rural services and invites all public service providers to support the Trust with initiatives to base emergency care in the community.*

*It is recommended that local authorities and other partners support EMAS' use of dynamic stand-by points and should assist EMAS to secure appropriate facilities for resources and crews deployed at such locations.*

*Nottinghamshire County Council specific recommendations –*

*It is recommended that the County Council support EMAS' use of dynamic stand points and should assist EMAS to secure appropriate facilities for ambulances and ambulance crews deployed at such locations.*

### **EMAS Control -**

*That the move to a new control be supported as an important step towards providing sustained improved response times.*

*The Select Committee note and agrees with the Trust's position that a second smaller control be maintained as part of contingency planning and notes the Trust's evidence that Lincolnshire Control is the more compatible for such purposes.*

## Partnership Working

### **Management of Frequent Callers –**

*The Select Committee recommends that local authorities accept EMAS' invitation to address the management of frequent callers and that the possibility of co-location of staff in control centres should be explored*

### **Transport –**

*The Select Committee recognises that EMAS is best placed to determine the impact of service changes on ambulance services and response times and should be included as a consultee to NHS consultations. The Select Committee also agrees that local authority highways and property proposals can impact on ambulance services and response times and that the Trust should be included in any consultation on such proposals.*

### *Nottinghamshire County Council specific recommendations –*

*It is recommended that all NHS Trusts providing services to the Community of Nottinghamshire ensure that the East Midlands Ambulance Service is consulted on service developments/variatioins.*

*It is recommended that in considering proposals for service developments/variatioins that Nottinghamshire County Council's Overview and Scrutiny Committee (or commissioned Select Committee) ensure that the East Midlands Ambulance Service is a consultee.*

*It is recommended that Nottinghamshire County Council's Communities Department ensure that the East Midlands Ambulance Service is included when consulting on highways and property proposals.*

### **Health needs assessment -**

*Local Authorities should provide the opportunity for EMAS to share information that may be of use to them. Local Authorities and PCTs should also involve the ambulance trust when undertaking joint strategic needs assessments.*

**Intermediate Care –**

*The Select Committee recognises that EMAS is an important partner and encourages NHS Trusts and Local Authority Social Care Departments to review their relationship with the Trust to ensure that it is engaged more effectively.*

**Long Term Conditions (LTCs) and Older people and Public Involvement –**

*The Select Committee recognises that EMAS is an important partner and encourages NHS Trusts and Local Authority Social Care Departments to review their relationship with the Trust to ensure that it is engaged more effectively including in respect of managing long term conditions, older people and public involvement.*

**Social Care ‘special’ transport –**

*The Select Committee recognises that EMAS is an important partner and encourages Local Authority Social Care Departments and EMAS to discuss special transport.*

**Local Area Agreements, Public Service Agreements, Community Safety Groups**

*The Select Committee recognises the contribution that EMAS can make to addressing community priorities and encourages local strategic partnerships to involve the Trust.*

**Emergency Planning -**

*The Select Committee encourages Local Authorities to discuss awareness raising opportunities with the Trust.*

**Training and Education –**

*the Select Committee encourages Local Authorities to discuss training and education opportunities with the Trust.*

**Emergency Services -**

*The Select Committee encourages all emergency services to review their existing protocols and strengthen relationships on the ground, in control centres and at management level*

## **Support from EMAS/Continued Relations**

*The Select Committee thanks the Trust for the openness of the co-operation in this review and the opportunities that it has made available to Members to visit control centres, meet and accompany ambulance crews etc.*

*Members would welcome the opportunity to visit the planned new ambulance control centre in Nottingham in due course*

*Nottinghamshire County Council specific recommendation –*

*It is recommended that the Head of Law and Democracy ensure that Members are provided with an opportunity to visit the planned new ambulance control centre when operational during 2008.*

**During the course of the review the Select Committee received evidence from the following individuals/organisations:**

Ahmed Belim - General Manager, Notts, EMAS

Pete Jones - General Manager, Lincs, EMAS

Dave Williams - Assistant Director, Operational Support, EMAS

Robert Walker - General Manager, Community Relations, EMAS

Chris Boyce, Director of Business Development and Community Relations, EMAS

Karen Lawrence, Governance Manager, EMAS

Mary McNulty, Service Improvement Manager Lincolnshire, EMAS

David Sharp - Director of Commissioning & Informatics, Derbyshire PCT

Kate Brown - Assistant Director of Planning, Derbyshire County PCT

Ian Ellis - Nottinghamshire County NHS Teaching PCT

Richard Smith – Chair of EMAS PPIF

Pauline Rohrbach - EMAS PPIF Support Officer, Commission for Patient and Public Involvement in Health

Tina Welford – The Healthcare Commission

The Select Committee thanks all of the above for their contributions and also thanks the staff of EMAS involved in visits to the Control Centres and Ambulance Stations.

This report includes information provided in presentations to the Select Committee by EMAS and information available in the Healthcare Commission's Annual health Checks