Nottinghamshire County Council

Nottingham City Council

EMAS Change Programme Sub Committee

Thursday, 29 November 2012 at 10:00

County Hall, County Hall, West Bridgford, Nottingham NG2 7QP

AGENDA

1 Apologies for Absence

2 Declarations of Interests by Members and Officers:- (see note below)

(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary)

3 East Midlands Ambulance Service NHS Foundation Trust Consultation - Change Programme Joint Review **3 - 32**

a) agreement of scope
b) evidence gathering
c) development of draft recommendations

Notes

(1) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(2) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.

(3) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

Nottinghamshire County Council

Report to EMAS Change Programme Sub-Committee

29 November 2012

Agenda Item: 3

REPORT OF THE VICE CHAIRMAN OF EMAS CHANGE PROGRAMME SUB-COMMITTEE

EAST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST CONSULTATION – CHANGE PROGRAMME (JOINT REVIEW)

Purpose of the Report

1. To introduce the sub-committee's scope for agreement and to initiate an evidence gathering session relating to the East Midlands Ambulance Service Change (EMAS) Programme.

Information and Advice

2. The East Midlands Ambulance Service commenced a formal consultation in relation to its change programme on 17 September 2012. This consultation concludes on 17 December.

3. EMAS representatives have previously attended Nottinghamshire County Council's Health Scrutiny Committee in June and September 2012 to describe the change programme proposals and planned consultation. In addition to this, the Chief Executive of EMAS, accompanied by colleagues, made a presentation on the proposals and the current position with the consultation on 13 November to the Joint Health Scrutiny Committee. At this time, the Joint Health Committee agreed to commence a review of the change programme proposals. This work would be undertaken by a sub-committee the Joint Health Committee which would also comprise some representation from the County Council's Health Scrutiny Committee, which has a remit to examine health issues in the north of the county.

4. A scope with some suggested areas for questioning is attached as Appendix A for consideration and agreement.

5. The sub-committee will gather evidence in a single session and develop draft recommendations which will be ratified at the next meeting of the Joint Health Committee on 11 December. The final findings and recommendations of the Joint Committee will be passed to EMAS before the close of formal consultation on 17 December.

6. The change programme proposals include a rationalisation of the EMAS estate. EMAS currently operates 65 ambulance stations; associated with this is a high cost of maintenance (supplies, buildings etc). There is a maintenance backlog of £13m and also vacant space within the estate that was previously occupied by the Patient Transport Service. The estate strategy for EMAS indicates a move to a 'hub and spoke' model with a smaller estate optimally positioned for response times within the challenging geography of the region.

7. Members of the Joint Committee and Health Scrutiny Committee Members have raised various concerns in relation to the consultation as follows:

    - Management of consultation sessions stifled debate
    - Local Members were not always informed of consultation sessions run within their electoral divisions and turnout was therefore low in some places
    - The use of 'Portakabins' as Community Standby Points should be strenuously avoided – it would be much preferred if ambulances could be co-located at other public sector facilities (e.g. at Newark Hospital)

8. EMAS emphasised that ambulances do not currently respond from existing old stations and that the level of ambulance cover will remain the same. The committee also heard that one reason that the EMAS estate is underused is that EMAS were unsuccessful in tendering for the Patient Transport Service (PTS) contract. This means that ambulance stations can be underused as much as 50%.The presentation given by EMAS to the Joint Health Committee on 13 November is attached as Appendix B to this report. The written briefing is attached as Appendix C.

9. The sub-committee will wish to undertake detailed questioning of the groups and stakeholders who have been invited to attend this evidence gathering session. These include:

    - UNISON and the GMB
    - Sherwood Forest Hospitals Trust
    - Community First Responders
    - Public Groups/Local Involvement Networks (LINk)
    - West Midlands Ambulance Service

    - Nottingham University Hospitals NHS Foundation Trust (NUH) - a written submission from NUH is attached as Appendix D.

10. Members are requested to consider the information provided by the stakeholders and groups attending the evidence gathering session and use it to inform the development of their draft recommendations.

11. It is anticipated that EMAS representatives will attend the Joint Health Committee 12 February 2013 to indicate their response to the recommendations and furnish the results of the consultation and explain how they have made changes to the proposals following the consultation. The Joint Health Committee should then be in a position to determine if they have been properly consulted and if the proposals are in the interests of the local health service.

RECOMMENDATIONS

1) That the EMAS Change Programme Sub-Committee amend and agree the draft scope, as necessary
2) That the EMAS Change Programme Sub-Committee initiate evidence gathering
3) That the EMAS Change Programme Sub-Committee develop draft recommendations.

Councillor Mel Shepherd
Vice Chairman of EMAS Change Programme Sub-Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Substantial Variations and Developments of Service – a guide (Centre for Public Scrutiny, 2005)

Electoral Division(s) and Member(s) Affected

All

Appendix A

EMAS CHANGE PROGRAMME REVIEW SCOPE

Method of Review: Single evidence gathering session in November 2012 with maximum number of relevant attendees

Outcome: Evidence based recommendations for onward transmission to EMAS

Central Themes to be addressed: Is the EMAS Change Programme – particularly in how it relates to the rationalisation of the estate – in the interests of the local health service? Has the wider consultation with patients and the public been adequate?

Possible areas for questioning:

- Could the change programme be detrimental to ambulance response times?
- Are the planned locations for the hubs appropriate?
- How well has EMAS consulted?
- Are the proposals from EMAS sufficiently detailed/properly worked out?
- Should the proposals be piloted in a single area first to see what lessons can be learned?
- Will the proposals extend the staff working day?
- What will the effect be on staff morale?
- Do the proposals place people in rural areas at a disadvantage?
- Should co-location take precedence over utilisation of portakabins?
- Under the new proposals where does the responsibility lie for ensuring that ambulances are fully stocked with the necessary equipment?

Guidance

Following the transmission of finalised recommendations to EMAS, the Trust should be allowed two months to develop a response and communicate it to the Joint Committee. At this time the Joint Committee should make a final determination on whether or not the proposals are in the interests of the local health service. Where issues still remain to be resolved, the Joint Committee will undertake substantial dialogue with the Trust in order to seek to reach agreement. The Joint Committee may wish to make further recommendations during this phase. If, when all avenues of discussion have been exhausted, the Joint Committee feels that the proposals are not in the interests of the local health service they may consider referring the proposals to the Secretary of State for Health. This would involve producing a comprehensive report supported by a package of evidence. Following this, the Secretary of State will invite the Independent Reconfiguration Panel (IRP) to make an initial examination of the referral in order to determine if it should go to a full review.

Recently, following referral of proposals relating to children's congenital cardiac services by two health scrutiny committees, the IRP made a general call for evidence, inviting all interested parties, including members of the public to send material to them regarding the changes.

Your ambulance service is changing

‘Being the Best’

Formal consultation
17 September – 17 December 2012

East Midlands Ambulance Service NHS
NHS Trust

Who are we and what do we do?

- A regional service
  - East Midlands, North and NE Lincolnshire
  - 4.8m population
- 2700 staff
- 66 stations
- 776082 calls per year – one every 45 seconds
- 592639 responses
- Hazardous Area Response Team (HART)

Services

- ‘999’ emergency care
- Patient Transport Service (N/NE Lincs)
  - Inter-hospital transfers
  - Outpatients
- ‘Hear and Treat’
- ‘See and Treat’
- ‘See and Convey’

Our history

- ‘a failing organisation’
- Not achieving national performance standards (A8 and A19)
- Struggling with money
- Focus on targets (but missing)
- Poor relationships – internal and external

Where are we now?

- Performing A8 – 75.20% (75% Target)
- Nearly there A19 – 94.50% (95% Target)
- A plan for the future
- A Board giving strong direction and focussed on quality

Performance

MONTH: Sep 2012	Performance	
	CAT A8	CAT A19
Derby City PCT	89.68%	98.29%
Derbyshire County PCT	69.31%	93.88%
DERBYSHIRE DIVISION	76.14%	95.36%
Leicester City Teaching PCT	87.15%	98.26%
Leicestershire County PCT	69.61%	94.96%
LEICESTERSHIRE DIVISION	77.65%	96.47%
Lincolnshire Teaching PCT	69.79%	84.70%
North East Lincolnshire PCT	87.33%	96.45%
North Lincolnshire PCT	78.57%	95.35%
LINCOLNSHIRE DIVISION	73.89%	88.16%
Northamptonshire Teaching PCT	77.32%	95.80%
NORTHAMPTONSHIRE DIVISION	77.32%	95.80%
Bassetlaw PCT	67.47%	92.53%
Nottingham City PCT	83.96%	97.82%
Nottinghamshire County PCT	68.80%	95.92%
NOTTINGHAMSHIRE DIVISION	74.84%	96.38%
EMAS	75.70%	94.14%

YTD: Apr 2012 to Sep 2012	Performance	
	CAT A8	CAT A19
Derby City PCT	91.24%	98.65%
Derbyshire County PCT	66.37%	94.23%
DERBYSHIRE DIVISION	74.35%	95.64%
Leicester City Teaching PCT	88.95%	98.97%
Leicestershire County PCT	71.40%	95.01%
LEICESTERSHIRE DIVISION	79.22%	96.77%
Lincolnshire Teaching PCT	71.03%	86.58%
North East Lincolnshire PCT	87.55%	97.56%
North Lincolnshire PCT	79.25%	94.84%
LINCOLNSHIRE DIVISION	74.88%	89.53%
Northamptonshire Teaching PCT	73.66%	94.60%
NORTHAMPTONSHIRE DIVISION	73.66%	94.60%
Bassetlaw PCT	68.57%	93.64%
Nottingham City PCT	82.89%	98.42%
Nottinghamshire County PCT	68.43%	95.93%
NOTTINGHAMSHIRE DIVISION	74.02%	96.68%
EMAS	75.23%	94.51%

‘Being the Best’

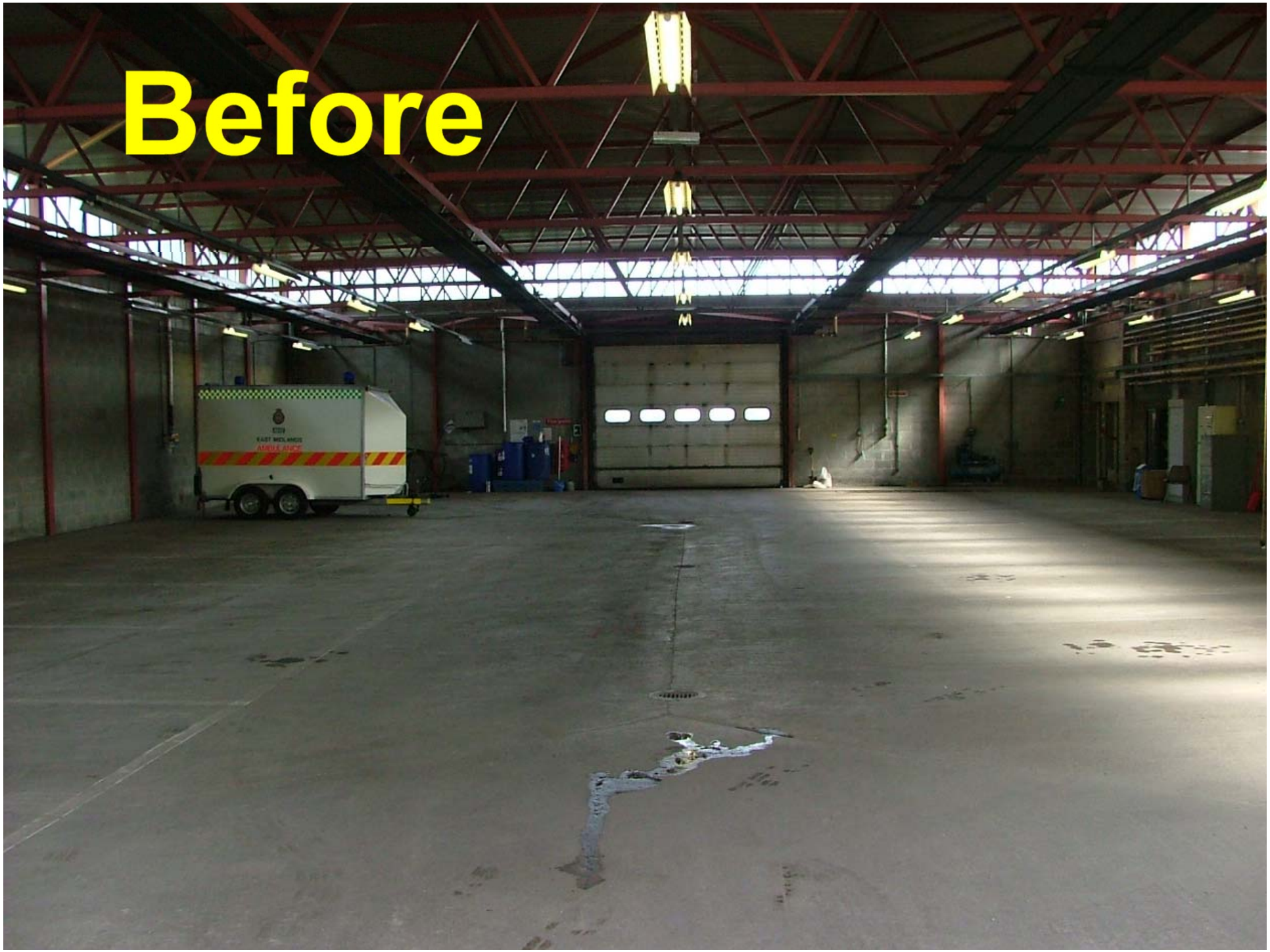
- Service model
- Estate strategy
- Management Structure
- Managing resources better
  - Matching demand and capacity
- ‘The EMAS Way’ – embedding continuous improvement

Estates

- We recognise that “one size” does not fit all areas
- The proposals are evidence based
- We want the same thing, that is to ensure patients receive the highest standard of service

Myth busters

- Ambulances do not respond from the existing old stations
- Level of ambulance cover will stay the same
- Spending public money wisely
- Investment in ECPs and Urgent Care Ambulances
- Staggered shift patterns will ensure robust cover
- Other services have already moved to this model


Before


Before
HONDA
PARAMEDIC


NHS
CHARLOTTE

Your local area...

Now

Future

East Midlands Ambulance Service NHS
NHS Trust


After
FH51 FVS
EMERGENCY AMBULANCE
NHS
Numatic


After
AMBULANCE
FN52 FXP
AMBULANCE
OU54 DPK
AMBULANCE
OU54 DPZ

But some things stay the same!


Before


After

What happens next?

- Consultation closes on **Monday, 17 December 2012**

- Co-ordinate all the responses and analyse any themes

- EMAS Board will receive a report on the views of the public and our staff before a decision is made in January 2013

- Changes made between April 2013 and April 2018

Thank you

Questions?

Appendix C

Joint City and County Health Scrutiny Committee

Briefing

East Midlands Ambulance Service NHS Trust is currently in a consultation process for being the best programme. This is covered by three elements.

- Service Review
- Estates Review
- Management review

Our vision

A leading provider of high quality and best value clinical assessment and mobile healthcare

Service Review

This is to develop a three tier service which provides the best resources for patient care. The three levels are fast response vehicles, crewed by paramedics and emergency care practitioners with advanced assessment skills that will be able to respond quickly, assess and treat/refer appropriately to the needs of the patient. Double crewed emergency ambulances, crewed by a paramedic and emergency care assistant mix, they will be able to assess, treat and convey if necessary to appropriate receiving units. The third layer will be urgent care crews. The urgent care crews will be an emergency care assistant crew and will be able to assist with general practitioner/emergency care practitioner referrals and inter hospital transfers. These urgent crews will be able to free up emergency crews for higher priority incidents.

As part of this there will be a rota review to ensure that capacity matches demand and that the correct resources are available at the right time. This is being carried out using historical data and projections to ensure that the rotas are robust and reviewed regularly. The projection is based on a 5% uplift in demand year on year, however, locally we have been experiencing a 6% increase on demand, so this will have to be factored this in.

This model will ensure that patients receive the ‘right care, right place, first time’

Estates Review

Our current estates are no longer fit for purpose, many of our stations are 50 years old and were built to a very different model and require a great deal of updating. Our proposal is to close the current 66 site and replace them with new modern fit for purpose hubs. These will house crew facilities, deep clean, Mechanics, education and management support. We then have Community Ambulance Points, which will be physical buildings either stand alone or shared that crews will be able to use to standby in outlying locations.

This will provide better support for staff, better coverage, ensuring we are responding in the fastest possible time with more response points. The scheme will also be self-funding, using the funds from the sale of the old sites to fund the new builds.

The role out of the estates review is 2013-2018

Management Review

Development of a new management structure that will have embedded clinical leadership and provide operational support to the Staff, patients and the Trust. The new structure will be focused on delivering the best possible clinical care. That this care is delivered in a timely manner and the patient receives the most appropriate referral for further care.

Consultation

We have now held public and staff consultations in all main areas across the whole of the county. We have met with Links, Fire and Police service and have planned meetings with CCG's and Emergency Care Networks.

We are also receiving request from smaller stakeholder groups that we are looking to plan in the near future.

Summary

The being the best programme has been designed to:

- Ensure patients get the right clinical care
- Improve response times
- To be the best we can be
- Provide a modern service fit for the future
- Increase support for staff

Dave Winter

Service Delivery Manager

Nottinghamshire Division

NUH Written Submission

We recognise that EMAS, in common with the rest of the NHS, is facing significant financial challenges. In this context, radical change proposals are understandable, as incremental changes are unlikely to match the scale of the challenge. It is entirely logical that EMAS would seek to focus its available resources on front-line service provision, and to rationalise "back office functions" and infrastructure to best support these front line services i.e. vehicles and trained staff in communities responding to emergencies. To that extent, and taking the stated aims at face value, we are supportive of this strategy.

We do not believe that there will be any adverse effects upon our hospitals as a result of the implementation of the proposals. In general terms, we simply receive patients when the emergency ambulance service delivers them. Our key collective challenge, with EMAS colleagues, is to ensure patients are transferred from vehicles into our Emergency Department in a timely way, and these vehicles leave the hospital sites promptly to respond to the next call. We have an active joint programme of work to ensure that fewer people wait more than 15 minutes to be booked in and accepted in ED when arriving by ambulance. This is yielding some success, but there is more to do.

The other aspect that has some implications for our services, is the travel time for patients with conditions such as strokes and heart attacks, where the clinical outcome for the patient is partially dependent upon how quickly they receive treatment. If "call to door" times were to increase, then outcomes could worsen. However, the proposals are designed to improve response times, and if this proves to be the case we may see a corresponding improvement in patient outcomes. It is our hope and belief that this will be the case, but we will obviously not know until after the implementation of the proposed changes.

Many thanks for the opportunity to contribute to the review.

Peter Wozencroft
Associate Director of Strategy
Nottingham University Hospitals NHS Trust