

minutes



Meeting EAST MIDLANDS AMBULANCE SERVICE SELECT COMMITTEE

Date Monday 16th July 2007 (commencing at 10.30 am)

Membership

Persons absent are marked with 'A'

COUNCILLORS

Councillor Chris Winterton (Chair)

Councillor Joe Lonergan MBE (Vice-Chair)

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| | John Allin | Ellie Lodziak |
| A | Mrs Kay Cutts | Susan Saddington |
| A | Andy Freeman | Brian Wombwell |
| | Edward Llewellyn-Jones | |

Co-opted Members:-

A Councillor Barry Fippard – Chair of Health Scrutiny Committee at Lincolnshire County Council
Mr John Rose – Lincolnshire County Council - Public & Patient Information Forum (PPIF)

ALSO IN ATTENDANCE

Mr Paul Glazebrook – Lincolnshire County Council Health Scrutiny Lead Officer
Ahmed Belim - General Manager, Notts)
Pete Jones - General Manager, Lincs) East Midlands
Dave Williams - Assistant Director, Operational Support) Ambulance Service
Robert Walker - General Manager, Community Relations)
David Sharp - Director of Commissioning & Informatics, Derbyshire PCT
Kate Brown - Assistant Director of Planning, Derbyshire PCT
Ian Ellis - Nottinghamshire County NHS Teaching PCT
Richard Smith - EMAS PPIF
Pauline Rohrbach - EMAS PPIF Support Worker

APPOINTMENT OF CHAIR & VICE CHAIR

The appointments of Councillor Chris Winterton as Chair, and Councillor Joe Lonergan MBE as Vice-Chair, by the Overview & Scrutiny Committee, were noted.

MEMBERSHIP

The Membership of the Committee, as set out above, was noted.

MINUTES

The Minutes of the last meeting held on 14th May 2007, having been circulated, were agreed and signed as a correct record, subject to the inclusion of apologies from Mr John Rose who had been unable to attend.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Mrs K Cutts, Andy Freeman and Barry Fippard.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Councillor Sue Saddington declared a personal interest in the items on the agenda as her husband was a voluntary driver for the ambulance service.

PERFORMANCE MANAGEMENT & COMMISSIONING OF EMAS

Kate Brown, Assistant Director of Planning, Derbyshire Primary Care Trust (PCT), gave a presentation explaining the commissioning arrangements for the East Midlands Ambulance Service (EMAS). Derbyshire PCT act as co-ordinating commissioners, specifically for Emergency Services only, for the eleven PCTs spread over the five counties served by EMAS. Response targets are set nationally and assessed annually to measure improvements, and monitored against old PCT levels where possible.

She explained that regular monthly meetings, attended by officers from all the PCTs involved, review performance, evaluate progress and deal with service issues. This regular exchange of ideas and shared concerns means that successes can be replicated and problems resolved across the service ensuring improvements are achieved throughout the whole area. Changes due in April 2008 included, timing of the response to begin immediately a call is received at the Control Centre, additional emphasis on partnerships with communities to meet urgent care needs, and new models of service delivery to improve performance and outcomes measures.

In reply to a question from Councillor Lonergan, Ms Brown explained that the PCTs were responsible for the care provided by EMAS, the Strategic Health Authority responsible for its performance management, and the Health Care Commission monitored the levels of service achieved against targets. Derbyshire PCT managed the budget, with funds provided by the other members to support the Urgent Care Network, which included the provision of Emergency Ambulances, Accident & Emergency Units and the out-of-hours GP Service.

Councillor Llewellyn-Jones asked how Derbyshire PCT had come to lead the conglomerate. Ms Brown stressed that this was a purely co-ordinating role that had developed since they had shared the lead on the original commissioning team. They had maintained the role with the agreement of the Chief Executives of all the Trusts involved, and eventually been allocated overall responsibility.

Councillor Saddington was concerned that the targets were easier to achieve in urban areas, and that this would distort the results for rural areas, and requested that a breakdown of the figures should show the difference response times for each

separately. Ms Brown pointed out that it was a challenge to meet these targets across all areas, and that a successful outcome required both speed to patient and attendance by well trained staff. The EMAS tracking system picked up any failure to achieve response times and these were investigated.

Councillor Winterton referred to the previous performance assessment and asked how comparisons could be made to the new EMAS configuration and, also, for which patients the four hour response was deemed acceptable. He was assured that improvements are judged against the performance standards of the old PCTs where possible, and that this had been simplified by the retention of the five divisions across the area continuing to provide a local picture. He was further informed that the four hour response time was regarded as acceptable for patients who required transport to hospital for non-life threatening conditions, such as requiring further investigations or additional medication.

EAST MIDLANDS AMBULANCE SERVICE –FURTHER EVIDENCE

Representatives of East Midlands Ambulance Service gave a presentation to the Committee that included information about the current performance achievements, the outcomes of the recent Flood Emergency, the new Mobile Response Model, and ongoing and future projects.

It was reported that current statistics showed that EMAS was currently performing above the national targets in all three categories.

Ahmed Belim, General Manager, Nottingham Division, explained how the Service had responded to the recent flood situation in Nottinghamshire. At the first alert, an emergency meeting of senior managers had carried out a review of all affected areas. Nottinghamshire Police set up ‘Silver Command’ at Sherwood Lodge, which included EMAS Officers, and the Command and Control cell operated on 24 hour basis for the following 4 days, providing clear and precise information, updated hourly, which ensured that crews were properly informed of the current situation at all times.

Pete Jones, General Manager, Lincolnshire Division, reported a similar situation in Lincolnshire with a ‘Silver Command’ set up in both Lincoln and Grimsby. Both areas relied heavily on local intelligence, moving assets as required for safety, and to ensure that core services could be maintained.

Dave Williams, Assistant Director, Operational Support, stated that two crews, three managers and a helicopter had been deployed to the Sheffield area, where the imminent breach of a dam would have caused widespread difficulties. Patients needed to be moved quickly in case of a power failure, these including several babies on oxygen support. He said that the results showed that EMAS responded quickly to the first alert, managed to provide core services as well as dealing with flood emergencies, and strengthened its working relationships with all the other agencies through cross-service communication.

In reply to a question from Councillor Llewellyn-Jones, Mr Williams explained that information had been gathered from several sources including Police, Fire and Ambulance stations, County Council emergency teams and members of the general

public. Once the information had been validated and confirmed by the Central Focus team operated by the Police and the Environment Agency, it was communicated to everyone involved.

Mr Belim reported on the imminent introduction of the new Mobile Response Model, which aims to ensure that well trained specialist community practitioners are available to provide emergency healthcare to patients in their homes, reducing the need for ambulance journeys. He assured the Committee that this did not mean reducing the current fleet. Pete Jones added that, since Lincolnshire was a large rural area, they would require additional resources to increase numbers of staff available and ensure proper coverage. Future projects included the opening of a new control centre in the near future, improvements to current systems and software and the provision of digital radios for all crews. The challenges for EMAS would be continuing to improve response times, increased demand for a service that is sensitive to local needs, the development of access and referral procedures through local partnerships, and to ensure the provision of appropriate training and development opportunities for their workforce.

Councillor Lonergan thanked everyone at Ambulance Control at Beechdale for their help and the information they had provided. He noted the continuing improvements to response times and asked what had been achieved with regard to the 60 minute target for thrombolysis and the infection control target. He was informed that thrombolysis figures for EMAS were among the highest in the country and that the use of 'first responders' such as doctors and nurses in the community, particularly in rural areas, had contributed to this success. Clear guidelines on infection control and compliance with national standards would ensure targets were achieved in this area.

Councillor Wombwell, on his visit to Ambulance Control, had been impressed by the skills of the operators in handling each situation. He was, however, alarmed about the solo deployment of paramedics in fast response vehicles into potentially dangerous situations. He asked for information about the number of incidents reported, and when attendance had been requested from other agencies.

Councillor Saddington was concerned about the service level provided to outlying towns and villages, and requested that EMAS provide specific information about times when response targets are not met, especially in relation to urban and rural areas. Mr Belim explained the use of standby points around the county, where ambulances are sited when not in use, in order to reduce response times. These sites were risk assessed for the safety of the crews, who were not left there for long periods

Mr Williams reported that the standards to be achieved were always based on the needs of each patient regardless of location, a trained paramedic should attend within 8 minutes of a call being received, to assess the situation, decide on appropriate treatment and call for an ambulance or refer to local GP as required. He confirmed that the 8 minute and the 19 minute responses were both measured from the same point, ie. receipt of call.

Councillor Llewellyn-Jones noted the advantages of using solo practitioners as being very effective and asked what protective measures were taken for their safety, who assessed the dangers, who decided when backup was required, and what instructions were given to the workforce. In reply, Mr Belim said that staff are trained

to assess the risk, and should use their own discretion to decide whether or not to enter, or call for assistance from the Police, Fire Service or a member of the patient's family. The new digital radio system, currently being tested, would enable first responders to be in constant touch with their dispatcher.

Councillor Lodziak asked about the progress of the use of digital radios and was informed that Phase 1 trials with Lincolnshire crews had provided some early lessons but feedback had been positive so far. Northamptonshire crews will trial the radios next, and then Nottinghamshire.

Councillor Winterton thanked everyone from EMAS for attending the meeting.

FEEDBACK FROM SCRUTINY VISITS & WORK PROGRAMME

The Select Committee received additional written feedback from Councillor Lonergan and Paul Glazebrook. Councillor Winterton felt that the information the Committee had been given had raised several issues for scrutiny of the current service and the way forward. He asked for comments, suggestions and feedback from visits.

Councillor Lonergan wanted to find out how ambulance personnel, in particular frontline crews, were responding to the organisational changes. He reported that, on his visit to the control centre, most opinions had been positive and he had gained the impression that morale was high. He was keen to take up the offer of travelling with one of the crews. He also proposed contact with the Strategic Health Authority for reassurance that resources provided are appropriate to the needs of the service, and that this was properly reflected in the budget contributions from the PCTs.

Councillor Wombwell raised the issue of using bio-fuel. Councillor Llewellyn-Jones pointed out that this could introduce an additional financial burden, and lead to a reduction in service provision. Councillor Lonergan said that this would be addressed over time as ambulances were replaced by newer more eco-efficient models.

Councillor Winterton suggested that the work programme could include contributions from other agencies and partners, further investigation into the protocols used for decision making, and whether the use of ambulances for non-emergency patients had any impact on response times.

Pauline Rohrbach, EMAS PPIF, reported that a Forum survey of the Patient Transport Service would be published in the Autumn and could provide some useful information.

It was agreed that

- a) The Strategic Health Authority be requested to attend the next meeting of the Select Committee in accordance with the statutory duty to attend
- b) That a 'first responder' be invited to attend a future meeting

The meeting closed at 12.55 pm.

CHAIR