

Progress Report- Review of the East Midlands Ambulance Service

Meeting; Overview and Scrutiny Committee

Date 16th February 2009

Background

Back in May 2008, the General Manager; Nottinghamshire Division presented an action plan which was in response to the recommendations made by the Overview and Scrutiny Committee following a review of East Midlands Ambulance Service (EMAS).

Below are the key elements of the action plan presented to the Overview and Scrutiny Committee, with an update of the progress that has taken place to date;

1. **Future review of CFR schemes.** The review has now been completed, and the existing schemes remain in place. Although no new schemes have been identified, we are in the process of recruiting a dedicated Community First Responder (CFR) Officer for Nottinghamshire. His role will include co-ordinating existing schemes and also looking at potential new locations for defibrillators in the community and business.
2. **Further improve the services that rural communities receive.** EMAS has worked with Nottinghamshire Teaching Primary Care Trust (PCT) with a focus on further developing our services in some of our rural areas. We now have a team of Emergency Care Practitioners in North Nottinghamshire. We are also reviewing our service model with demand analysis profiling which will be complete by the end of March 2009. We have also been identified by the PCT to provide a Nurse Practitioner Service to the residents of Newstead Village.
3. **Local authorities and partners to support the use of dynamic Strategic Standby Points (SSP) and assist EMAS to secure appropriate facilities for resources and crews.** This work is still ongoing and our SSPs are reviewed frequently, staff welfare and safety is always our first consideration.
4. **The move to the new Control Centre be supported as an important step towards providing sustained improved response times.** The Control Migration Project will be fully complete by the end of March 09. To date the move has been managed positively and has been well received by staff. The new environment is eco friendly, and a lot of thought, time

and energy has been put into the ergonomic set up which provides a comfortable environment, and one which is conducive to increasing efficiencies.

5. **A second smaller Control Centre be maintained as part of contingency planning.** This is likely to be the at Beechdale, which now is Nottinghamshire Divisional Headquarters.
6. **Local authorities accept an EMAS invitation to address the management of frequent callers and that the possibility of co-location of local authority and EMAS staff in Control Centres should be explored.** Frequent callers now has dedicated resources dealing with the issue. The focus is on; delivering the most appropriate response for the patient; ensuring that we minimize the number of resources in the response; and, deliver a joined-up holistic solution that involves other health care professionals alongside Local Authority Teams too. The Next Stage review (NSR) which follows the Darzi Report, is also indicating that Trusts start to develop an approach which supports a Single Point of Access (SPA) and most likely involve multi-agency teams working together.
7. **The use of response times to 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 the Trust should be included in any consultation on such proposals.** EMAS are consulted on future property proposals and also on any key highways issues. We always take part in the consultation and identify any issues that may impact on response times, and future opportunities for service development within emerging health centres.
8. **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 EMAS when undertaking joint strategic assessments.** This is currently being progressed through various forums, such as the Joint Diversity Group and through our work being done in relation to frequent callers.
9. **The Select committee recognizes that EMAS is an important partner and encourages the NHS Trusts and Local Authority Social Care Departments to review their relationships with EMAS to ensure that it is engaged more effectively. Joint working should include managing long term conditions, older people and public involvement-as mentioned earlier,** the NSR is leading towards a stronger integration of Social Care Departments with EMAS. We are working on a number of work streams that involve partnership working with our health care

colleagues. Long Term Conditions (LTC) is also on of our key service development themes in the proposed EMAS Integrated Business Plan (IBP)

10. **Further develop work on public relations and awareness raising in partnership with the NCC.** We are in the process of developing our Communications strategy, from which we will have consistent and holistic approach to public involvement. We have engaged with the public through Public and Patient Involvement (PPI) forums, this work has been led by our Patient and Advice Liaison Service (PALS) and Community Engagement Co-ordinator.
11. **Develop training and education opportunities for NCC members and employees.** This work is still being developed and links into the EMAS Organizational Development Strategy.
12. **EMAS to ensure that working relationships with other emergency services are joined up and robust, both at operational and strategic level and focuses on control centre work and priorities at senior management level.** EMAS have made significant progress with both the Police and Fire and Rescue Service. "Operation Centurion" was a joint initiative with Police and Ambulance staff working together, delivering a joint service. EMAS have also identified co-locations for SSPs at a number of Nottinghamshire Fire Stations, this has helped further develop our working relationships, and, has also given us future options for SSPs.