

minutes



Meeting EAST MIDLANDS AMBULANCE SERVICE SELECT COMMITTEE

Date Monday 10th September 2007 (commencing at 10.30 am)

Membership

Persons absent are marked with 'A'

COUNCILLORS

Councillor Chris Winterton (Chair)

Councillor Joe Lonergan MBE (Vice-Chair)

A	Mrs Kay Cutts	A	Susan Saddington
A	Andy Freeman		Parry Tsimbiridis
	Edward Llewellyn-Jones		Brian Wombwell
A	Ellie Lodziak		

Co-opted Members:-

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

Ahmed Belim - General Manager, Notts)
Pete Jones - General Manager, Lincs) East Midlands
Chris Boyce - Director of Business Development) Ambulance Service
Robert Walker - General Manager, Community Relations)
Simon Tomlinson)
David Foreman - Lives)
Toby Sanders – NHS East Midlands)
Richard Smith - EMAS PPIF)

APPOINTMENTS TO COMMITTEE

It was noted that Councillor Tsimbiridis had been appointed to the Committee in place of Councillor John Allin.

MINUTES

The Minutes of the last meeting held on 16th July 2007, having been circulated, were agreed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Mrs K Cutts, Andy Freeman, Ellie Lodziak and Susan Saddington.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

COMMISSIONING AND PERFORMANCE MANAGEMENT – ROLE OF THE STRATEGIC HEALTH AUTHORITY

Toby Sanders – Account Manager NHS EM – explained the role of the Strategic Health Authority (SHA) in relation to the commissioning and performance management of East Midlands Ambulance Service. National Policy and targets are set by the Department of Health, based on information gathered across the whole of the country, and passed directly to Primary Care Trusts, Ambulance Trusts etc. The Healthcare Commission and the SHA were required to monitor the performance of EMAS against national targets and priorities set out in the local strategic plan, and to ensure that these are achieved. He pointed out that, whilst the PCTs were the commissioning body for services, the SHA aimed to provide leadership, to assist with the development of capacity and capability, to co-ordinate services across all East Midlands connections, and encourage them to ensure that adequate funding was in place and that it targeted specific areas.

In reply to a question from Councillor Lonergan, Mr Sanders explained that the budget for service delivery was allocated by the Department of Health and the SHA had no influence over the amount, although they were involved in planning for the future and were required to sign off plans annually. Reports were collected weekly and monthly from PCTs, and from executive teams on a quarterly basis to assess performance. He informed Councillor Wombwell that any failure to achieve the national targets would be addressed to the PCT as purchasers of the service, however, he assured the Committee that EMAS was currently performing well and achieving its targets.

Councillor Llewellyn-Jones questioned whether the finance provided to EMAS by the PCTs was sufficient as this would have a significant effect on the service delivery. Mr Sanders replied that this was not the responsibility of the SHA, that they could advise but their monitoring role required them to take an overview of the market for the healthcare of the region and ensure that the resources provided were properly used.

Councillor Winterton noted that PCTs in the East Midlands were not as well funded as those in the South East, and that there seemed to be some discrepancy in the amount allocated per head of population. He asked whether increasing the status of Trusts would mean larger budgets and more freedom to allocate. Mr Sanders said that budgets would still be decided by comparisons between areas with similar service provision, but that the changes should allow more flexibility.

EAST MIDLANDS AMBULANCE SERVICE – OPPORTUNITIES FOR PARTNERSHIP WORKING

Chris Boyce – Director of Business Development for EMAS – gave a presentation that included information about the partnerships developed by EMAS, in particular the Lincolnshire and Nottinghamshire divisions, which had contributed to their ability to meet national targets.

Ms Boyce summarised the past performance of EMAS in Lincolnshire, and noted a steady improvement in response times over the last two years. She explained that statistics are checked daily to enable EMAS to act quickly where necessary to ensure national targets are met. She pointed out that, since Lincolnshire was a large, mainly rural, county with pockets of elderly and isolated residents, a large migrant population and a high seasonal influx of tourists through the summer months, and, as the road infrastructure was poor and there were no specialist treatment centres in the county, it was a challenge to achieve the national targets. She described how, in Lincolnshire, EMAS works in partnership with the charity called 'Lives', a voluntary network of Community First Responders (CFRs). There are 94 responder schemes led by local GPs, and they include off duty paramedics, doctors and district nurses who live and work in villages across the county who can respond within 2-4 minutes of a call from Ambulance Control, dealing with patients in their homes, paediatrics and trauma at traffic accidents or major incidents. They will remain with the patient until the Ambulance, which has been despatched at the same time as the CFR is deployed, arrives on scene. The charity was supported by local businesses, volunteers provided their own equipment, and the GPs and EMAS provided the necessary training, at no cost to the Trust.

Ms Boyce then gave a brief history of response times achieved by EMAS in Nottinghamshire, prior to reorganisation and up to the present day, again noting improvements. She reported that Nottinghamshire had a more even mix of urban and rural locations, a migrant population with some seasonal variation, that the road system in the county was generally good, and that progress had been made on the provision of some specialist centres. She explained that, in Nottinghamshire, the Ambulance Trust had set up teams of CFRs, consisting of self funding volunteers organised into geographical schemes to serve the community in a particular town or village, managed by the Trust and operating as agents of the Trust whilst acting on their behalf. In addition, to provide cover in some areas of the county, the Trust worked in partnership with the Fire Service, which has CFRs available to attend trauma and paediatrics as well as Category A calls, 24 hours a day 7 days a week. She reported that future plans included a review of EMAS strategy in line with national policy, a review of health inequalities in deprived areas, and a review of emergency and urgent care procedures.

Councillor Wombwell asked how many responses were carried out by Lives teams in the last year, and why EMAS did not equip the CFRs. He was informed by David Foreman from Lives that they had answered over 10,000 calls, which amounted to 10% of EMAS performance in Lincolnshire, and were essential for the delivery of immediate care to the more rural areas of the county. He explained that local communities preferred to fund individually to their area and did not require financial support.

Councillor Lonergan asked how these local groups were set up and what training and support was provided for them. Chris Boyce explained that the groups were organised and led by local doctors who could supply the appropriate training, with support from an EMAS paramedic, who was on permanent secondment and based in Horncastle, and that an ambulance was despatched to the patient at the same time as the CFR so that full cover was provided. Councillor Fippard acknowledged the contribution made by 'Lives' to the provision of emergency response in Lincolnshire over the last 40 years, and asked if it should be incorporated by EMAS and commissioned by the PCT.

Councillor Llewellyn-Jones requested more information about responses and survival rates of patients in rural areas and those requiring transfer to trauma centres out of the county. In reply, Chris Boyce pointed out that survival rates depended on several factors including the health status of the individual patient and their proximity to specialist care centres. She stated that response times were only one aspect that contributed to a successful outcome and confirmed that the specific role of a CFR was to attend the patient immediately, stabilise their condition and decide on the most appropriate course of treatment.

Councillor Winterton noted that effective partnerships were essential to ensure a better outcome for each patient and developing an understanding of the requirements of the service. Pete Jones pointed out that the length of travel time to the patient and then on to appropriate treatment, if this was required, underlined the need for crews with different levels of skill to be matched to each patient's needs. EMAS had to constantly update its infrastructure and training to meet the changing pathways of care. Chris Boyce reported that EMAS continually monitored all outcomes, and adjusted standby points where necessary, to ensure that targets could be achieved, she agreed this was more difficult in rural areas. Lincolnshire, in particular, required increased funding to be directed towards the provision of additional personnel and ambulances.

John Rose expressed concern that the Lincolnshire Air Ambulance was able to cope with the increasing demands for its service, and questioned the relocation of the Nottinghamshire Air Ambulance to Staffordshire. He was reassured that the availability of the air ambulances would not change. Chris Boyce was hopeful that the NHS Next Stage review would address the lack of trauma and specialist centres in the area, and that transport issues would be resolved in the early planning stages. She said that EMAS hoped to take a leading role in improving local services.

Councillor Winterton thanked everyone for attending and providing information.

WORK PROGRAMME

It was agreed that arrangements would be made for Members to go out with Ambulance crews in September.

The meeting closed at 12.55 pm.

CHAIR