

minutes



Meeting EAST MIDLANDS AMBULANCE SERVICE SELECT COMMITTEE

Date Monday 19th March 2007 (commencing at 10.30 am)

Membership

Persons absent are marked with 'A'

COUNCILLORS

Councillor Edward Llewellyn-Jones (Chair)

John Allin	A	Ellie Lodziak
Ken Bullivant	A	Susan Saddington
Mrs K Cutts		Parry Tsimbiridis
A A Freeman		Brian Wombwell

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 co-optee

ALSO IN ATTENDANCE

Mr Paul Glazebrook – Lincolnshire County Council Health Scrutiny Lead Officer

APPOINTMENT OF CHAIR & VICE CHAIR

It was noted that Councillor Llewellyn-Jones had been appointed as Chair by the Overview & Scrutiny Committee. The Committee agreed the appointment of Councillor Mrs K Cutts as Vice-Chair.

MEMBERSHIP

Councillor Ken Bullivant had been appointed to replace Councillor Joe Lonergan OBE. Councillor Barry Fippard and Mr John Rose had been nominated by Lincolnshire County Council for co-option. It was agreed:

- (a) The membership be noted.
- (b) The co-opted members be agreed

APOLOGIES FOR ABSENCE

Apologies for absence were received for Councillor Andy Freeman, Councillor Ellie Lodziak and Councillor Susan Saddington. Councillor Fppard also sent apologies and was represented at this meeting by Councillor Jean Hill – Vice Chair of the Health Scrutiny Committee at Lincolnshire County Council.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

REVIEW OBJECTIVES – EAST MIDLANDS AMBULANCE SERVICE

Matthew Garrard, Scrutiny Officer, outlined the objectives for this review. The Committee will investigate the reasons for the EMAS receiving a score of WEAK for Quality of Services in the recent annual health check conducted by the Health Commission, and look at ways of improving their services. He confirmed that representatives of the East Midlands Ambulance Service (EMAS) would attend future meetings, once members had considered the lines of the enquiry for the review and who they wished to consult for the relevant information.

Councillor Llewellyn-Jones noted that most of the difficulties related to rural areas in particular and welcomed input from other authorities to share experiences and extend the information base. In reply to a question from Councillor Tsimbirdis, he explained that, when the review was completed, the Committee would make its recommendations to EMAS on how to improve the quality of services provided, but if EMAS refused to accept those recommendations, the issue could then be referred to the Secretary of State for a decision. He recognised that the poor report from the Health Commission had been inherited from the pre-merge group, but felt the Committee needed to discover what the aims of the newly formed group were and what improvements they were considering for the service.

Councillor Allin noted that the EMAS actually provided two main services. The first, and main priority, was answering emergency calls (Category A) providing care and attention to patients in life threatening situations, and secondly, providing a door to door service for patients travelling to and from hospital, which was classed as non-urgent (Category B). He was particularly concerned about response times in rural areas and the reasons for this. Councillor Mrs Cutts and Councillor Wombwell urged the Committee to focus on response times and that to diversify would lead to a less effective outcome for the review. However, both acknowledged the need to look at other factors that would affect the availability of an ambulance, such as the need for a proper cleaning regime to control the spread of infection. Councillor Mrs Cutts highlighted the fact that several ambulances could be centred at a major road traffic incident at any one time and ask that the Committee should look at to look the criteria used by EMAS to decide its priorities.

Paul Glazebrook reported that, in Lincolnshire, there had been some discussions recently regarding the provision of non-emergency services (Category B), being

commissioned by Lincolnshire hospital in 2008, which could further complicate matters and reduce the need for this service.

Councillor Llewellyn-Jones reported that the Fire Service faced the same difficulties but managed quicker response times, and suggested the Committee could investigate the reasons for this. Councillor Hill agreed that the Fire Service had achieved better coverage, even in rural areas, and questioned whether additional resources were required for EMAS. Councillor Tsimbiridis suggested that the Committee should look at the funding provision, and decide whether EMAS had sufficient ambulances and trained personnel to cover all the requirements of the service.

Councillor Bullivant requested that an invitation be sent to EMAS to attend the Select Committee, to explain their view of the reasons behind the failure, and to look for some resolution of the problems at the highest level. Mr Rose – PPIF – said that that the ambulance personnel actually operating the system on a daily basis would probably give the most accurate information, and suggested visiting stations around the counties, particularly those serving rural areas.

Councillor Wombwell proposed looking into the IT systems currently in use at control centres, whether they were up to date and suitable for their purpose. Councillor Hill thought that patient forums should be contacted as they may be able to provide relevant information from service users, collected via patient surveys.

Councillor Llewellyn-Jones thanked everyone for their contribution.

The Committee agreed :

- that representatives of the Healthcare Commission and the East Midlands Ambulance Service should be invited to attend the next meeting on 14th May 2007
- that arrangements be made for visits, in groups of three members at a time) to both urban and rural ambulance stations, and the EMAS Control Centres in Nottingham and Lincoln
- to approach the Fire & Rescue Service for information on response times and similar issues
- to make contact with the Patient & Public Information Forum asking whether they had collected any relevant feedback from patients using the service

The meeting closed at 11.15am.

CHAIR