

## Joint Health Overview and Scrutiny Sub-Committee

11<sup>th</sup> March 2008



### Evaluation report on Ambulance Services in Rural Areas

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## Report of the Head of Overview and Scrutiny

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### Purpose of Report

1. To consider an evaluation report on ambulance stations in Weardale and Teesdale in line with a decision taken in October 2006 by the then Durham Dales Primary Care Trust about proposed changes to Ambulance Services affecting residents of Weardale and Teesdale.

### Background

2. Durham Dales Primary Care Trust and the North East Ambulance Service Trust gave a presentation to the Health Scrutiny Sub-Committee (3 July 2006) about proposed changes affecting Ambulance Services in Weardale and Teesdale.
3. The Sub-Committee agreed that it would convene a special meeting (5 September) where it would receive responses to the consultation to date (the consultation ended on 18 September 2006) before reaching a view on the issues.
4. The Durham Dales PCT meet on the 20 September 2006 to make a decision, informed by the consultation, regarding changes to the ambulance services in Weardale and Teesdale and agreed (see appendix 1):
  - That a 24/7 ambulance service was established in the Weardale and Teesdale areas staffed by Community Paramedics and a Technician.
  - That the current ambulance stations remain in place until the changes have been evaluated and proved to be more effective. This option is being put forward to address the public's concern that this is a significant change in service that may have a detrimental effect on the most rural and isolated areas.

### Information

5. Members of the JHOSC recommended (5 September 2006) regarding changes to the ambulance services in Weardale and Teesdale :

- The Health Scrutiny Sub-Committee welcomes the approach to integrated working between the primary health care teams and ambulance staff to meet the needs of the communities its serves; and the recurring investment to fund a modern, responsive ambulance service.
  - The Health Scrutiny Sub-Committee awaits the outcome of the decision by Durham Dales PCT on the proposed changes affecting Ambulance Services in Weardale and Teesdale .The committee will want to revisit this issue at some point seeking clarification on how proposals to modernise ambulance services will be implemented looking for a detailed business case to support this process.
6. The PCT and NEAS have completed an evaluation of ambulance services in rural areas (Report attached Appendix 2).
  7. The County Durham PCT PPIF have also produced a report that reflects their concerns with the CDPCT and NEAS report on evaluation of ambulance services in rural areas (Report attached Appendix 3)

### **Recommendation**

The JHOSC are asked to note both reports and suggest that the CDPCT entire into dialogue with key stakeholders to ensure they fully understand the outcome of the evaluation of rural ambulance services.

That following this meeting, having received and digested the information contained in both reports, the JHOSC share its thoughts in writing with interested parties, namely CDPCT,NEAS and CDPCT PPIF, regarding the evaluation of ambulance services in rural areas

### **Background Papers:-**

#### **Modernising Ambulance Services in Rural Areas consultation document.**

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## **Overview of Current Position with the Consultation Process into Modernising Rural Ambulance Stations**

The public consultation process runs from the 27<sup>th</sup> June until the 18th September 2006. 1000 consultation documents and 2000 summary leaflets were circulated in the local areas and on the PCT and NEAS websites. There has been a high level of media coverage in the Northern Echo, Teesdale Mercury, Weardale Gazette, Darlington and Stockton Times and the Blue Gential. Radio Cleveland, Radio Newcastle has featured news stories and both Tyne Tees Television and BBC Television News programmes have featured the issues.

### **Public Meetings**

As part of the 12-week consultation, there were four public meetings arranged to hear the views of local residents. These took place at:

#### **St John's Chapel Town Hall on Tuesday 11<sup>th</sup> July at 6.30pm**

140 people attended the meeting held in the Town Hall. A 1500 named petition had previously been submitted to NEAS to keep the local ambulance station at St John's Chapel open. There was a high level of debate many questions were raised from the audience. There were very clear messages from the public:

1. Standby must stop
2. Want to retain existing ambulance station at St Johns Chapel.
3. Want a 24/7 ambulance crew
4. Want either two paramedics or one paramedic and a technician.
5. Do not want ECA's
6. Ambulance crew state 10 out of 11 paramedics already working in the two Dales will not work alone with ECA
7. No formal plans in place where new ambulance would be based in Stanhope.

A member of the public asked for a vote whether or not to close the ambulance station in St John's Chapel. This was done while other people were talking and not with the use of the microphone. There appeared to be some hands erected, but not everyone was involved and the people in the balcony could not hear. This was not considered part of the meeting.

This was a very heated meeting but the public were able to ask questions and the panel were given the opportunity to answer. The meeting finished when there were no further questions from the public.

**Glaxo Sports and Social Club, Barnard Castle on Monday 17<sup>th</sup> July at 2pm**

40 people attended this meeting. Issues raised were:

1. Training skills of ECA
2. Concerns about paramedics carrying out GP duties
3. What do current ambulance crews think?
4. Concerns that public views will not be taken into account.

The meeting finished when there were no further questions from the public.

### **Stanhope Community Centre on Monday 24<sup>th</sup> July at 2pm**

30 people attended the meeting held in Stanhope. There was open discussion and the following areas were highlighted:

1. Possible location of the garage for ambulance could be in Stanhope but not yet where has been decided
2. Concerns from Upper Dale residents that they would be worse off with longer response times
3. Approval of 24/7 service
4. Training of Emergency Care Assistant
5. Role of Community Paramedic not yet decided
6. The positive support having injected funding into the service

This was a positive meeting and there was a feeling of support to the proposals if the response times to upper dales and the training issues could be addressed.

### **Middleton in Teesdale Community Hall on Monday 31<sup>st</sup> July at 6.30pm**

120 people attended the meeting held in Middleton in Teesdale. A 3621 named petition was handed in to the PCT at this meeting. There was open discussion and the following areas were highlighted:

1. Concerns over the proposed closure of Middleton in Teesdale Ambulance Station
2. Training and skill level of ambulance crews
3. Unhappy about predictive positioning of ambulances
4. Unrealistic response times in upper dales would be increased due to further distance to travel.
5. Major concerns about A66 accident blackspot
6. Concerns that ambulance will be used more in Darlington than Teesdale
7. Why proposed staffing levels at Weardale to be same at Teesdale when smaller population?
8. Will community paramedics be at Barnard Castle all the time and not at Middleton?
9. Increased population during holiday periods

Councillor Bell called for a show of hands of people who want to keep the retention of the ambulance station one week in three. There was a majority vote in favour with two abstentions.

This was a very heated meeting but the public were able to ask questions and the panel were given the opportunity to answer. The meeting finished when there were no further questions from the public.

### **Written Responses**

27 written responses (10 Weardale, 9 Teesdale, 8 stakeholders) had been received by the PCT as at 20<sup>th</sup> August 2006. The comments were as follows:

#### **Base**

11 to retain base

5 to change base as per proposal

## **Comments**

- *Unacceptable to expect ambulance crew to park by roadside during a winter storm waiting for a call out which may be 25 miles away (comments made by two people)*
- *Consider keeping current stations as standby point for 2 - 3 years during implementation of changes. Effective monitoring on how reconfiguration is working in practice plus reassurance to local resident.*
- *It should still be possible for paramedics based at St Johns Chapel to perform a more fulfilling role in the community.*

## **Service**

7 want to abolish standby

8 want 24/7 cover

## **Comments**

- *Use of air ambulance in emergencies, would NEAS be able to contribute financially?*

## **Skill mix**

7 do not use ECA

0 specifically for ECA

2 introduce community paramedics

1 does not want community paramedic

1 wants community paramedic as extra

2 want paramedic and technician

0 want double paramedic

## **Comments**

- *ECA skill level not adequate back up for paramedic*
- *If managed correctly, the community paramedic will also provide an enhanced health service for the benefit of all.*
- *Community paramedic an excellent idea but as an additional role*

## **Recruitment**

2 want local recruitment

## **Comments**

- *Recruitment needs monitoring*

## **Accept Proposals**

4 accept proposals

1 to retain service as it is

## **Comments**

- *Opportunity to truly bring health care into the heart of the community by developing A&E service, which will provide equity of response times for all residents.*

## **Two petitions have been received by the PCT**

1. The following petition was received by the Durham Dales PCT on the 31<sup>st</sup> July 2006. 3621 signatures were signed up to the following proposal.

“We would like to make our feelings known about the proposed changes to the Ambulance cover in Teesdale. We do not agree with the reduction in cover from what we have now to a single response Community Paramedic. We think that the people of Teesdale deserve a double crewed paramedic ambulance, 24 hours a day, seven days a week.”

This petition was collected as a response to the pre-consultation meetings held by NEAS in 2005. The initial proposal suggested that there was a single paramedic in a fast response vehicle who would be present in Teesdale 24 hours a day, 7 days a week. The PCT and NEAS listened to what the public were telling them and the proposal for a single paramedic was dropped and is not part of the current consultation. The new proposal does include a double-crewed ambulance, 24 hours a day, seven days a week.

It is important to recognise that the proposal behind this petition has now been agreed and there will be a 24/7 cover by a double crewed, A&E emergency ambulance in place, subject to the results of the consultation. This should not deter from the massive strength of feeling, passion and high regard that the people of Teesdale feel towards their ambulance service.

2. NEAS has kindly forwarded a petition received by them from the people in Weardale and this is considered to be part of this consultation process. 1500 people signed up to the following proposal:

“We the undersigned, hereby support the retention of the Ambulance Station/Ambulance at St John’s Chapel, for the benefit of Weardale Residents.”

This petition was a response to the pre-consultation meetings held by NEAS in 2005 but again indicates the strength of feeling that is felt by Weardale residents for their local ambulance Station in St John’s Chapel.

## **PPI Forum Responses**

1. **County Durham and Darlington Acute Hospitals NHS Trust Patient and Public Involvement Forum**

Attendance at the County Durham and Darlington Acute Hospitals NHS Trust Patient and Public Involvement Forum meeting was arranged for 2<sup>nd</sup> August. Each member had previously received a copy of the consultation document. Anne Yuill gave an outline of the current situation, the proposed changes and the feedback from the four public meetings. She emphasised the strong feeling in Upper Weardale and Middleton in Teesdale with the closure of their ambulance bases.

One member had attended the public meeting in Barnard Castle and had been disappointed that people were concentrating on single issues and not looking at the wider picture. The PPI Forum was invited to respond to the consultation by the 18<sup>th</sup> September and this formal response was received by the PCT in favour of the proposed changes.

2. **North East Ambulance Service Patient and Public Involvement Forum**

Members of the North East Ambulance Service Patient and Public Involvement Forum attended each of the four public meetings and NEAS had been in regular

discussion with their Forum. A formal response has been received by the PCT. The Forum remains in favour in principle, of the introduction of Community Paramedics to replace standby working practice. They have some reservations around:

- Lone working in remote areas
- Transportation of patients to hospital
- Base of community paramedics when not answering 999 calls.

They also make comments on the following areas:

- Concerns over use of ECAs instead of technicians to support paramedics
- Accepts the reason for relocating the ambulance stations to the new bases on the grounds of service greater population
- Providing there is a robust triaging system along with a dynamic system of predicting "Hot Spots" this proposal is seen as an improvement to the current service
- They do feel the original idea of having a single community paramedic in the area at all times remains the optimum option with greatest benefit to patients. They note that this system has been successfully implemented in rural areas in Northumberland

### **3. Durham Dales PCT Patient and Public Involvement Forum**

The Durham Dales PCT Patient and Public Involvement Forum have been very closely involved with the consultation process. On the 19<sup>th</sup> June, 3 members of the Forum, their Forum Support Officer, the Chair of the NEAS PPIF and their Forum Support Officer met with NEAS and PCT representatives to discuss the formal consultation including a dry run through of the presentation. They have also attended many meetings with NEAS and the PCT to address their areas of concern. The Durham Dales PCT sincerely thanks them for their involvement and commitment to this service.

Members of the DDPIF have also attended every public meeting and have engaged the local residents with their concerns.

A formal response is being prepared and will be sent to the PCT prior to 18<sup>th</sup> September.

### **Decision Making Process**

On Wednesday 20<sup>th</sup> September, the Durham Dales PCT Board will consider the response to the consultation and make its final decision regarding commissioning the rural ambulance service taking into account all comments made at the public meetings, and in writing to the PCT. This discussion will be the first agenda item on the PCT Board meeting to be held at 10 am in Glaxo Sports and Social Club, Barnard Castle. This is a public meeting and the details will be circulated widely.

In arranging the meeting to be held in Barnard Castle, the PCT were taking into account the comments made at the public meetings that this should be at a venue that could hold a high number of members of the public. It has been acknowledged that Weardale residents would want this decision to be made in Weardale, and Teesdale residents would wish it made in Teesdale. The chosen venue was selected because of its size, availability, parking and disabled accessibility.



The suggestion was made that this decision should be made at a meeting of the Board to be held in the evening, but this has proved difficult for Board members to rearrange and the meeting has been arranged for the normal Board meeting time. This will be the last Board meeting of Durham Dales PCT.

## Appendix 2

### REVIEW OF AMBULANCE SERVICE PROVISION IN WEARDALE AND TEESDALE

#### Brief Summary of Paper

#### Ambulance Services in Rural Areas

Until recently all of the ambulance services provided by North East Ambulance Service NHS Trust (NEAS) in Northumberland, Tyne and Wear, and County Durham and Darlington operated a two-crewed A&E ambulance during the day. At night the seven smallest rural stations in Northumberland and County Durham and Darlington operated a step down service known as stand-by.

Standby working is not future proof and requires staff who have been working during the day to continue working during the night. It is an unpopular way of working and makes it difficult to recruit new staff. North East Ambulance Service has recommended to Durham Dales PCT that this working practice is no longer sustainable and needs to be changed and updated. A public consultation exercise has been undertaken to explain why the service needs to change and gain the public's views in relation to the preferred option that has been suggested.

The Durham Dales services affected cover Teesdale and Weardale, the preferred option put forward during the consultation also recommended closing the ambulance stations in St John's Chapel and Middleton in Teesdale and relocating these at Stanhope and Barnard Castle respectively.

#### **Recent Developments in Ambulance Services**

There has been rapid development and improvement in the skills of Paramedics over recent years and Paramedics are better equipped than ever to save lives. These innovations in ambulance service provision over the last few years have produced significant improvements in patient care. Paramedics now spend considerably longer with a patient in their home or at the scene of an accident delivering vital medical care, this sometimes means that a journey to hospital may not be necessary at all.

Technology will also play an important part in delivering better patient care. The implementation of the electronic patient record will help provide targeted, high quality clinical care at any location and enable North East Ambulance Service to access information quickly and exchange data with other healthcare providers. Information support systems are also available to enable North East Ambulance Service to use track and trend data to forecast the most effective location for the ambulance to be and this can be supplemented by local information.

## Performance

From April 2006, all Ambulance Trusts have been required to answer 75% of Category A life-threatening calls within eight minutes and have appropriate back-up transport on scene within 19 minutes. North East Ambulance Service cannot meet these new performance targets, which benefit patients, by operating an outdated system of stand-by. Modernising ambulance services in rural areas with the introduction of Community Paramedics will not only improve response times to patients' needs, but will also allow the Trust to provide a better quality of care to its patients.

### Financial Implications

To implement these changes additional investment in excess of £200,000 will be required. Consideration will be given by the PCT Board for this investment and how it relates to the health needs of the whole Durham Dales patch and practice based commissioning, when the final decision is made.

### Recommendations to the PCT Board

There will be two separate decisions for the PCT Board to make, firstly in relation to the provision of the service itself and secondly with regard to the location of the ambulance stations.

In relation to the provision of the service the following options will be put forward:

#### ***Option 1***

Standby working continues, this will be an option that will be put to the PCT Board to consider, but it will not be recommended due to the continued problems this option would cause in relation to:

- Poor response times
- Detrimental effect on staffs' working lives
- The limitations it places on modernising the service
- The future problems it would cause in relation to recruitment

#### ***Option 2***

That a 24/7 ambulance service is established in the Teesdale and Weardale areas, staffed by a Community Paramedic and Emergency Care Practitioner. This provision would include an A&E vehicle. The Emergency Care Practitioner would be a trained first aider and an advanced driver. They would also receive supplementary training in relation to the equipment available on the ambulance and would always be supervised by the Community Paramedic.

This will be an option that will be put to the PCT Board to consider because it will:

- Provide faster response times
- Provide equity of service during both the day and night
- Create the opportunity to develop greater links with primary health care
- Offer a greater variety of roles and enhanced career development to existing paramedic staff
- Remove the outdated and unpopular stand-by working arrangements for existing staff
- The Emergency Care Practitioner could be recruited from the local communities and this would enable the service to have the 'local knowledge' that the public have requested be retained during the consultation process.

### **Option 3**

This is the same as option 2, but instead of an Emergency Care Practitioner the Paramedic would be supported by a Technician.

This would require additional investment, over and above the £200,000 already identified and the PCT Board would need to consider carefully how the potential benefits of this investment compared with the other competing priorities faced by the PCT, particularly as Teesdale and Weardale have a disproportionately high level of investment compared to the more deprived area of Wear Valley. Many residents of Wear Valley are amongst the most deprived in the country and have significantly poorer health than the residents of Teesdale and Weardale.

The enhancement of the Emergency Care Practitioner role to that of a Technician may however improve the management of incidents where there are multiple casualties. All of the Technicians could not be recruited from the rural areas where they live, due to the level of training required, so the 'local knowledge' would be lost.

This option will also be put to the PCT Board to consider.

### ***Relocation of Ambulance Stations***

It has been recommended by NEAS that the ambulance bases be relocated to Stanhope and Barnard Castle. The two options that will be put to the Board in relation to this issue are:

#### ***Option 1***

It is proposed that the ambulance station at St John's Chapel and Middleton in Teesdale close and that the relocation of the stations is supported. The rationale is that this will base the ambulances in the largest centres of population where the greatest number of calls are received, thereby ensuring that more people receive a faster response.

#### ***Option 2***

That the current ambulance stations remain in place until the changes have been evaluated and proved to be more effective. This option is being put forward to address the public's concern that this is a significant change in service that may have a detrimental effect on the most rural and isolated areas.

It should be noted however that the technology which enables NEAS to dynamically base the ambulance using technology and local information, means that the ambulance station is a storage and servicing base, and that the vehicle will not be in it at all times.

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