County Durham Primary Care Trust
Darlington Primary Care Trust

County Durham Overview and Scrutiny Committee

11th March 2008

Report on Rural Ambulance Service

1. Introduction

1.1 In September 2006 the former Durham Dales PCT, following extensive public consultation in 2005, agreed to a year long monitoring of the decision to modernise rural ambulance services in the Teesdale and Weardale areas, provided by the North East Ambulance Service (NEAS).

The decision to modernise the service reflected changing working practice, the requirement of day shifts to cover night time oncall (only manageable due to the low level of night time call out), and the restriction on residency for staff working in the areas (10 minutes radius of the stations)

In summary the modernisation comprised:

- Removal of the standby working practices,
- Recurring investment by the PCT of £254,000 to introduce a community paramedic service working 24/7 dedicated to the Teesdale and Weardale areas,
- The relocation of the ambulance stations. The Middleton in Teesdale crew to relocate to Barnard Castle, and the St Johns Chapel crew to relocate to Stanhope Community Hospital.

Taking account of local concerns, the former Durham Dales PCT approved the removal of standby and funded the modernisation programme. They did however require both ambulance stations to remain in place until a monitoring and evaluation exercise was undertaken to demonstrate whether or not relocation would have a detrimental effect on service provision.

1.2 The year long exercise ran from December 2006 to December 2007. The final monitoring report has now been issued. The Chair of the Monitoring Group has been a senior management representative of the County Durham PCT, and represented stakeholders included the County Durham Primary Care PPI Forum, NEAS PPI Forum, local GPs, NEAS and the County Durham PCT.

1.3 As a consequence of the approved modernisation it is recognised there are now more staff on rotation able to work in these rural areas and greater potential for integrated working across other health services in the area

including GP practices, community nurses, First Responders, and Stanhope Community Hospital. It is also recognised that some of the anticipated improvements and integration have not been fully analysed or implemented yet and will be a key focus for commissioners in 2008/9.

1.4 The final report from the NEAS is attached for information. This has been shared and discussed with the Monitoring Group and amended to reflect comments made. It is now the responsibility of the County Durham PCT to consider the outcome of the monitoring and whether the requirements for the closure of the two stations have been met.

2. Implications and Risks

2.1 Due to the consequences of reconfiguration, the responsibility for chairing the Monitoring Group changed hands 3 times. There were difficulties as the framework for monitoring had not been established at the outset, and the monitoring analysis grew 'organically' as a consequence of discussion and challenge through the year. It was believed that by Q3 (end September 2007) an agreement had been reached on the consolidation of the monitoring framework whereby performance would be objectively analysed and was sufficiently detailed across a number of target areas. This has most recently been refuted by the CD PC PPI Forum members.

2.2 Time series comparisons on performance were rendered incompatible as a consequence of the new clinical decision support system 'NHS Pathways' which led to changes in the categorisation of patients, and the introduction of a new computerised control and dispatch system in A&E control. The introduction of both systems significantly damaged performance between October 2006 and February 2007.

2.3 The CD PC PPI Forum continue to maintain that their inability to insist upon having their 'own' vehicles and crew for both Weardale and Teesdale has had a detrimental impact upon service response and leaves these rural communities – particularly Weardale at significant risk. The PPI Forum maintains that the averaging of performance at these two rural area levels, with a lack of breakdown to dedicated post codes masks poor performance.

In addition the PPI Forum concern is that increased focus on national target delivery (and particularly the new clock start times for 8 minutes) will continue to drive services towards larger concentrations of population where targets will be more readily achieved. It will be for the County Durham PCT to ensure that the drive to ensure delivery of increasingly challenging response times does not lead to any deterioration of response times in these rural areas, and that protections and guarantees are sought with NEAS to deliver this.

2.4 It will be for the County Durham PCT to establish the extent to which a drilling down to specific post code level may be required to fulfil the objectives set by the former Durham Dales PCT, and provide the protections described above.

2.5 The performance analysis has been undertaken separately across the Teesdale and Weardale areas as follows:

- **No of Category A incidents**

  These increases in both areas are believed to be a consequence of NHS Pathways definitions, but are generally low in comparison to more urban areas and particularly low in Weardale as might be expected.

  There is no evidence that the modernisation has increased the number of incidents. It has however been particularly useful to see the Category A diagnosis analysis of which 50% have been chest/upper back pain and which can be used to inform service development requirements.

- **Performance for Category A calls. National requirement 8 minutes (75%)**

  Performance has improved significantly across the year, both for postcode and call sign even taking into account the impact of NHS Pathways. However it is still only 43.8% and 46.9% for Weardale and Teesdale respectively, whereas the County Durham latest performance is 66.9% (below target).

  It could not be stated that the use of 'out of area' vehicles had a detrimental impact upon service response times at Weardale and Teesdale 'level'

  It has been recognised by the PPI Forum that performance has improved as a result of the 24/7 service and the fully manned shifts as a consequence of removing the standby arrangements. However 30% of callouts in Weardale continue from St Johns Ambulance Station, and is a concern that pressure to hit new national targets will draw the location of ambulances to larger populations where targets are more readily achieveable.

- **Category A Night Time and Day Time Response and by Time Band**

  A further concern had been the potential differential performance particularly given the change to the base location of the vehicles.

  There has been relatively slight improvement in the comparisons with the previous year for day and night responses at both Weardale and Teesdale.

  Equally response times have improved slightly on the previous year across all time bands with two exceptions.

  It is difficult to draw too many conclusions from this as the numbers involved are very small and again the point needing to be made that 30% of callouts still continue from St Johns Ambulance Station.

  However it could not be stated that the use of 'out of area vehicles has had a detrimental impact upon response times at a 'Weardale' and 'Teesdale' level.

- **Response Performance by 'In Area' Vehicles and 'Out of Area' Vehicles**

  This 'label' has been a useful one to describe the use of the 'Weardale' and 'Teesdale' vehicle in the aforementioned Category A calls both in area and out of area. This information would suggest:

  - The 'Weardale' Vehicle is used approximately 43% of the time 'in area'

- The ‘Teesdale’ vehicle is used approximately 73% of the time ‘in area’

The CDPC PPI Forum contend that the ‘Weardale’ vehicle has become more active than previously as it is absorbed as a service vehicle and will become more pronounced if the service relocates to Stanhope. They do however acknowledge that the number of Cat A responses using the ‘Weardale’ vehicle has increased overall from 50% to 80% which is to be commended.

The underlying contention from the CD PC PPI Forum being the more a vehicle is pulled out of area, the greater the exposure to a reduced availability and therefore increased risk is suffered by the Weardale area and in particular the outlying upper dales. The analysis however on response times at both ‘Weardale’ and Teesdale’ levels on the current base locations does not support this.

It is the PCTs contention that it is service response times that are vital and ensuring these do not deteriorate are key to protecting the local communities – not ‘ownership’ of a specific vehicle.

- **Conveyance (Transport of Patients) Rates**

Conveyance rates measurement was introduced to begin to show the impact of the policy on the modernised service. It is a crude measure and could have benefited from much more development and further analysis.

Overall the trend for conveyance is – as expected – a downwards one from about 70 -80% conveyance to about 60 -65% despite the number of incidents overall being slightly up, as better clinical assessment and triage with care at home increases, and the work of the Community Paramedic Service beds in.

2.6 From the above it could not be stated that the modernised arrangements has led to a deterioration in service. Generally there has been improvement overall, although there has been disagreement about the reasonableness of detailing down to specific postcodes and the appropriateness of very small data sets to measure performance.

2.7 It is also clear that no defined parameters were set at the start of the process and as a result a significant part of the year was spent to no-ones advantage in establishing this and emerging positively from a challenge and clarification process.

2.8 There remains a fundamental worry at the heart of the local community that the loss of a visible vehicle, particularly in the upper dales area will leave them at significant risk as overall performance is improved across the wider service pulling response vehicles further and further away from them. There is no evidence of this, although the contention is that performance analysis has been at too high a level ie ‘Teesdale’ and Weardale’ to demonstrate otherwise – and so we are left with the judgement within the PCT of how far we drill down to measure performance with increasing unviable numbers for robust statistical analysis.

2.9 The basic requirement from the former Durham Dales Board was not deliverable in respect of the closure of the Ambulance Stations. It is

impossible to prove absolutely the impact of something that was not allowed to happen.

2.10 It is disappointing that the process was unable to provide more quantitative analysis on the direct impact of the Community Paramedic Service, as qualitatively the indications are that this has been, and can continue to be nurtured to provide a high quality, locally owned and integrated service, valued across both primary and secondary care sectors.

2.11 Clinical protocols need to be developed so that clinical handovers for urgent treatment and conveyance to hospital are agreed so that the practice of the service of taking patients to hospital and leaving the local area for the time this takes is discontinued, and the service genuinely remains a 24/7 service in the two localities.

2.12 What can be stated however is that at 'Teesdale' and 'Weardale' level the changes in service have not detrimentally impacted upon service provision, and as such there appears to be no case to be made in principle for the ambulance stations to be retained.

2.13 However what is key is an overall improvement in the response times are needed for this local community, which are significantly below the wider County Durham performance levels. It would therefore be imprudent to alter the status quo until a more responsive service, meeting the needs of a rural population have been approved by the County Durham PCT.

3. Recommendations

3.1 In recognition of the significantly below average Category A response performance in these local areas it is recommended that a decision to close the stations is deferred until a plan has been agreed, implemented and monitored to improve this to a level to be determined by the County Durham PCT. This decision to be recommended to the County Durham PCT Board. The timescale for this work needs to be agreed with NEAS and the local community.

3.3 It will be the responsibility of the County Durham PCT to work with the NEAS and the local community as part of the decision making process. In recognition of the development of the Community Paramedic Service, the Ambulance Service are to be commended. It is however recommended the County Durham PCT should work very closely with NEAS, and the CD PPI to agree and implement a development plan in 2008/9 for the service to enhance and improve response times and assess the opportunities and alternative means by which integration with other local services can be best achieved, and to reinforce confidence in urgent and emergency health care.

3.3 It is recommended that the means by which the outcome of this process and the arrangements for the 'next steps' review of urgent and emergency care is agreed between the County Durham PCT, the Overview and Scrutiny Committee and the CD PC PPI Forum and NEAS.

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