NORTH EAST AMBULANCE SERVICE NHS TRUST
Weardale and Teesdale Community Paramedic Evaluation Report
December 2006 – December 2007
Report by Head of Performance Management and Commissioning

SUMMARY

In response to the decision of Durham Dales Primary Care Trust Board in September 2006, North East Ambulance Service have undertaken to monitor the newly introduced community paramedic service for a one year period from the 4th December 2006 to 3rd December 2007. The purpose of the monitoring period is to establish whether the new community paramedic service, including the relocation of ambulance stations, has had a detrimental effect on the provision of ambulance services to parts of the Tees and Wear Dales.

The review has been undertaken in collaboration with representatives from the Patient and Public Involvement Forum who have formed part of the monitoring group.

The following report will be presented to the monitoring group in the first instance. The recommendations of the report and the feedback from the group will then be used to form the basis of the Primary Care Trusts final recommendation to their board in relation to the original proposal and resultant decision.

Taking account of the information contained within the report North East Ambulance Service make the following recommendations

RECOMMENDATION

North East Ambulance Service recommends that the Primary Care Trust agree to:

- Continue to develop the current community paramedic service
- Close the stand by station at Middleton-in-Teesdale but continue to ensure the visibility of the Teesdale crews throughout the dale through closer partnership working with all GP practices
- Relocate the ambulance station in Weardale from St Johns Chapel to Stanhope Community Hospital and continue to ensure the visibility of the crews throughout the dale through closer partnership working with the GP practice
- Continue to develop services to meet local needs in collaboration with PCT and NEAS vision document.

Debbie Jones-Halford
Head of Performance Management and Commissioning
28th January 2008

Introduction

This report is the fourth and final report produced by North East Ambulance Service in relation to the change in service from stand-by services to community paramedics in the Tees and Wear Dales in County Durham.

The following report presents summary information in relation to the activities undertaken by community paramedics and proposes recommendations in relation to the continuation of service in the Weardale and Teasdale areas of County Durham and the location of the vehicles to ensure most appropriate service provision. This report is the fourth in a series of quarterly reviews agreed as part of the overall evaluation of the services after the consultation process. The information provided reflects activity and responses from 4th December 2006 to 3rd December 2007 and where comparisons are made it is to the same period of the previous year.

The evaluation is being undertaken to fulfill the requirement of the recommended option for service development in Teesdale and Weardale to be evaluated for a year, as agreed at the Durham Dales Primary Care Trust Board meeting held on the 20th September 2006 which stated that:

"Taking account of public concerns, service reconfiguration Option 1 did not offer the best quality service nor was it future-proof whereas reconfiguration Option 2 would provide an acceptable level of service. Given development of the Community Hospitals, the demands on the out of hours service, the vast area covered by the Urgent Care Centre and public and staff confidence in the service Ms Suddes recommended the PCT Board support reconfiguration Option 3. Option 3 would provide 24/7 cover by a Community Paramedic and Technician for each area, requiring a further £50K increase in investment, (£255K in total).

Taking account of public concerns ambulance station Option 1 was not viable in the absence of performance criteria to support relocation. Ms Suddes recommended the PCT Board support ambulance station Option 2 *where both ambulance stations would 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*".

These recommendations were subsequently agreed by Durham Dales PCT Board.

The report is now separated into three sections, the first section gives a general overview both of the Trust and in relation to the impact of the new role, how it has integrated into the community and provides support for local GP services. The next two sections reflect the actual activity data in relation to Wear and Tees Dales, within which analysis and summary will refer specifically to these areas. It should be noted that there are differing levels of activity in both the Wear and Tees dale areas, therefore the two sets of information are not directly comparable.

The Community Paramedic Service – Tees and Wear Dales.

Background

Prior to the introduction of the community paramedic service in the Tees and Wear dales, the areas were serviced by three stand-by stations. The stations were located at St Johns Chapel, Barnard Castle and Middleton-in-Teesdale. These stations were manned for a 12 hour shift during the day and stand-by cover at night. The Middleton-in-Teesdale and Barnard Castle Stations operated a rota whereby they were staffed one week in three and two weeks in three respectively. At all stations the staff were contacted from home at night should an emergency call come in while on stand-by. The original location of the stations reflected population flows and employment in the areas, local industries included mining and cement works which were based in the dales. These industries are either no longer in operation or have significantly reduced and as a result population bases have moved reflecting the more service driven field such as tourism; with caravan sites increasing across the dales, the larger sites being located nearer the amenities of local towns and villages. A key to driving this development forward is the introduction of the European Working Time directive which means that staff can no longer operate in the way that they have previously and an alternative service provision must be sought.

It was recognised that this stand-by service was not appropriate to the delivery of a modern responsive ambulance service and could not deliver the European Working Time Directive requirement in terms of rest periods for staff whilst still delivering an adequate service. Also it was acknowledged that the small number of calls responded to by the staff at the stand-by stations did not put the clinical skills of ambulance crews to best use in serving the healthcare needs of the community. Thus the provision of a 'new style' community paramedic service was proposed and an extensive process of public engagement preceded formal consultation. The outcome resulted in a number of options being offered to the Primary Care Trust. At their meeting on 20th September 2006 they agreed to support Option 3 in relation to staffing, i.e. a 24/7 community paramedic and technician service and Option 2 in relation to location, subject to evaluation, i.e. relocation to Barnard Castle Ambulance station as a base and Stanhope Community Hospital for the Tees and Wear Dales respectively. (Appendix 1)

Concern was expressed by the local community that the relocation of the ambulance base from the current stations at Middleton in Teesdale and St Johns Chapel would be detrimental to the residents of the outer dales areas and result in a poorer less responsive service for those specific areas. The evaluation was agreed to allow those concerns to be monitored and allow time for the new model of service provision to demonstrate improvements for the population of the dales as a whole.

Although the report focuses on the activity of the Community Paramedics in this area, it must be acknowledged that they do not operate in isolation from the overall service provision in the North East. As such, they will where

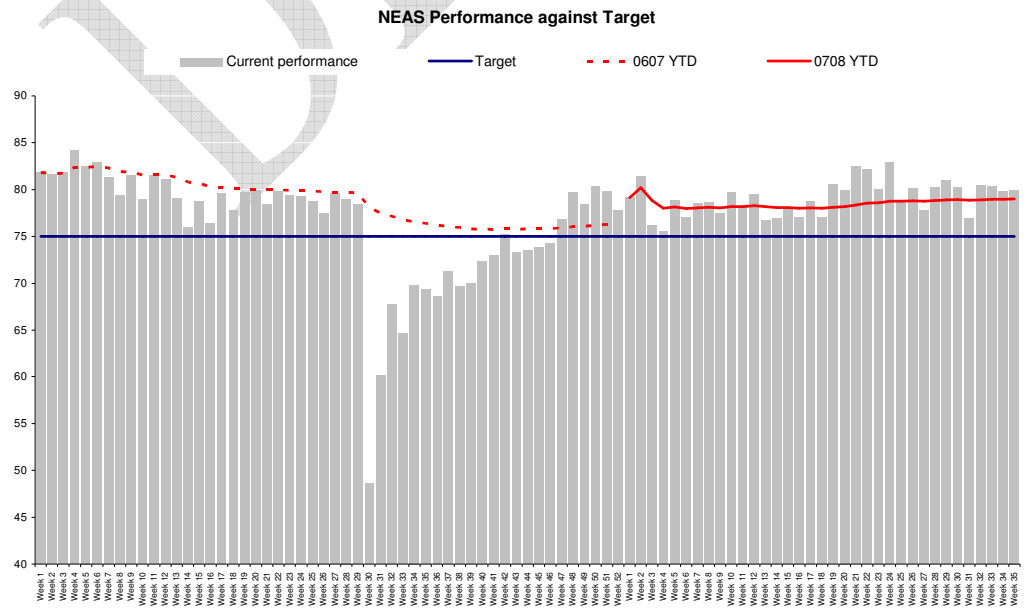
necessary, be supported by vehicles and crews from outside of the locations identified as Tees and Wear Dales, and on occasions may be required to support their colleagues outwith their normal working area. This is essential to ensure the most appropriate responsive service to both the Tees and Wear dales and the rest of the North East.

General Information

The NEAS Trust continually strives to improve its service, in relation to delivery of care to patients and its performance, in light of national targets. As part of service improvement and development the Trust is piloting, on behalf of the Department of Health, a new clinical decision support system called NHS Pathways. This system allows calls which come through the A&E control to be triaged to the most appropriate outcome whether that be the dispatch of an ambulance or advice on dealing with the situation. The introduction of this system has resulted in an overall increase in category A calls across the service area and approx five percent of callers being either referred to another source, given advice, or advised to make their own way to casualty. The commencement of the pilot study for the new system was the 24th October 2006.

At the same time as the pilot study began the Trust also introduced a new computerised control and dispatch system in A&E control, both to support the new triage system and to replace the old system which no longer met the needs of the service. The impact of both events occurring simultaneously resulted in a performance dip across the whole of the service as both systems bedded in and teething problems with the triage system were worked through. The resultant impact on performance can be seen in figure1 below.

Figure 1



As demonstrated above, Trust wide performance did not return to pre CAD/Pathways performance levels until week 47 (week ending 25th February). The overall trust performance must be taken into account during this period when considering the implication of service changes in the Weardale and Teesdale area.

The manually collated information requested and shared with members of the review group has not formed part of the following analysis as it does not contain details of the category of response, whether a fist responder had been actioned prior or whether the response was within performance targets. Without this level of information, it is difficult to draw any conclusions other than where the vehicle was located in relation to the location of the incident.

Service Delivery

A key element of the new role of community paramedic is integration into the local community and a more pro-active role in supporting local primary and secondary health care services in the area. Since the commencement of the service the community paramedics have been working with local GP practices and community hospitals to both further develop their skills and, where appropriate, to support and enhance those services already available within primary care.

The integration is developing as the role 'beds in' and a better understanding of the support the community paramedics can provide is developed by GPs in the area. The integration has been more rapid in the Weardale area as there is only one GP practice with whom to forge links, however the service is continually developing and improving in both areas. As the service becomes more established and the benefits are realised by primary care the role of the community paramedic is becoming more visual and widespread, with the potential to undertake regular services or clinics in the Dales.

Community Activity

During the one year period of the evaluation, in addition to the activity undertaken as part of the emergency responses to 999 calls the community paramedics have undertaken a significant amount of additional work in support of primary and secondary care in the community. Examples of this work are summarised as below

Working within the GPs Surgery:

- Undertaking home visits working with local GP's
- Home visits have included medical cases, trauma and also going out to do electrocardiograms (ECGs)
- Assisting in giving Flu jabs within the practice
- Further observation shifts with the doctors
- Commencement of additional clinical skills training
- Undertaking Flu jabs at nursing homes on behalf of the practice

Community Nurses:

- Links with Respiratory/Community Nurse. Paramedics available to visit patients.
- If they attend a patient known to the Respiratory Nurse, a referral is made via the telephone from paramedic to nurse.
- Crews calling in to known Chronic Obstructive Pulmonary Disease (COPD) patients for welfare checks.
- Two paramedics to attend COPD courses to better understand the condition and needs of the patient. Further 2 staff next year to be trained.

First Responders/Fire brigade:

- Improving links with the community first responders
- Continue to provide training and opportunities for observation shifts for community first responders.
- Assisting with ongoing Recruitment.
- Continued cross working and training with Fire Brigade

Urgent Care:

- Home visits for the Urgent Care centre at Bishop Auckland. (started end of August 2007).
- Undertake progress meetings with the service and liaise regarding training needs.

Training:

Staff continue to further their education and skills base, on going development has included:

- Physical Assessment Skills - degree level - Teesside University
- COPD - diploma level through Respiratory Education UK
- Anatomy and Physiology online course
- Narcaid Course (Narcaid is an international learning centre dedicated to the paramedic training of ambulance crews and other emergency care practitioners in the recognition and management of drug related incidents).

Community Projects:

- School visits, raising awareness of children and staff in relation to the services provided – and a chance to see inside an ambulance!
- Helping with charity events including fundraising for first responders
- Local Press articles about community paramedics.
- Feed back from patients and the doctors continues to be positive.

The new role has forged new links within the community. Within Weardale support from the local GP practice has been received in the form of the email below.

> *"I think that the service provided by the community paramedics has improved overall in the last 12 months. There is a wider visible presence of the Ambulance service which is likely to improve levels of*

confidence in the local people.
Comments from the staff at Weardale Community Hospital have been very complementary.
There has been more dialogue and improved communication with the Health centre. In particular, the doctors value the input offered by the Paramedic staff when requested to assess acute cases in the community which, in the past, may have led to an inappropriate admission or perhaps the doctor being interrupted in surgery leading to a backlog of waiting patients.
The help offered to support the First Responders scheme has been most welcome and morale boosting.
I am certain that a firm foundation has been set on which to build in the future and I envisage further integration and cooperation between the Community Paramedic team and local medical services."

One of the most significant elements highlighted by the staff at Stanhope Community Hospital is the improved communication and team work that has occurred since the development of the new role. The community paramedics work closely with both nursing and medical staff including specialist nurses and have a better knowledge and understanding of the patients' needs and the functioning of the unit which facilitates a better service to patients and their carers. They undertake more work with patients in their own home to prevent unnecessary admissions, however when necessary the admission to hospital appears swifter due to better collaboration and understanding.

The higher visibility of the community paramedics in the dales and their improved links with local schools and groups have resulted in several letters of appreciation for their work. A number of examples are appended at the end of this report. (Appendix 2).

Emergency Responses

Although emergency life threatening responses form only a small part of the community paramedic workload in terms of number, it is the element which tends to be given the most focus. In order to understand what this consists of the following tables outline incidents and dispositions by category for the Tees and Wear Dale areas. The top 10 dispositions by category of call are as follows:

Category A - Patients who are or maybe life threatened and would benefit from a timely clinical intervention.

Diagnosis	Total
Chest Pain	141
Chest and Upper Back Pain	85
Fighting for Breath	40
Unconscious or Fitting	40
Unconscious/Unresponsive	39
Unknown	24
Fits/Convulsions	23
Breath Difficulty	20

Fits	18
Stopped Breathing	18

Category B – Patients who require urgent face to face contact clinical attention but are not immediately life threatened.

Diagnosis	Total
Fall/Accident	236
Unknown	144
Breath Difficulty	95
RTA (road traffic accident)	95
Abdominal Pain	63
Unconscious/Unresponsive	52
Lower Limb Injury	50
Sick Unknown Other	43
Stroke/CVA	38
Head or Neck Injury	36

Category C

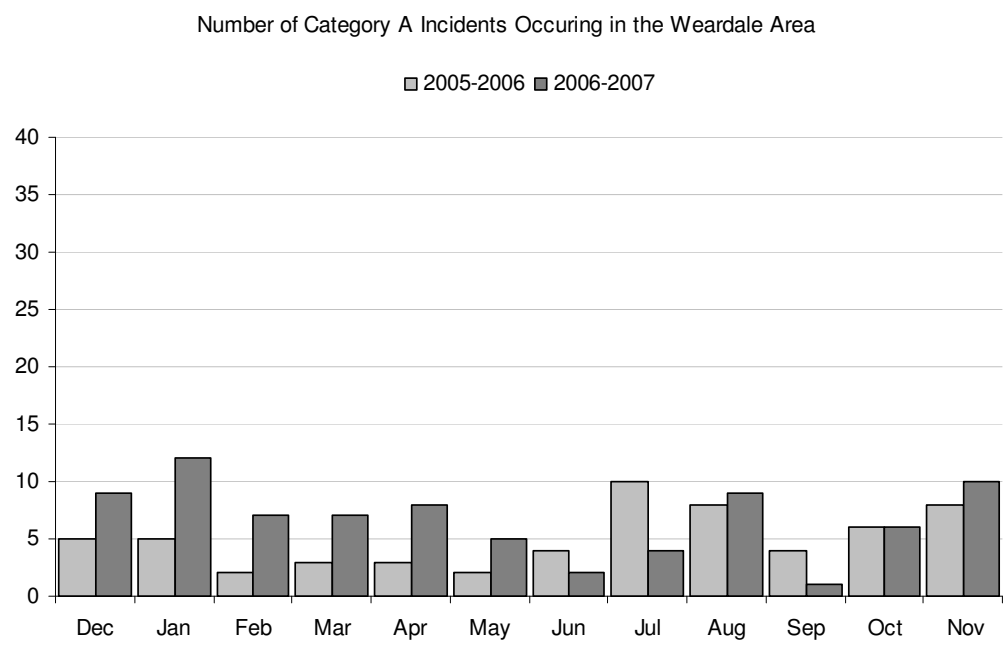
Patients who do not require an immediate or urgent response by blue light and may be suitable for alternative care.

Diagnosis	Total
Fall/Accident	34
Lower Limb Injury	16
Upper Limb Injury	14
Abdominal, Lower Back or Flank Pain	4
Breathing Problems, Breathlessness	4
Abdominal, Lower Back or Flank Injury	3
Hand or Wrist Injury, blunt	3
Headache	3
Vomiting Blood	3
Abdominal Pain	3

Weardale - Supporting Information

As outlined in the general information, the Trust overall has experienced an increase in Category A incidents with the introduction of the NHS Pathways clinical decision making support system. The reason for this increase is associated with the change of assessment system which defines symptoms in a more clinically constructive process which has lead to an increase in incidents categorised as 'immediately life threatening'. It is not associated with the changes taking place in the shape of ambulance provision in the Dales. The pattern is reflected in the activity in the Weardale area (figure 2 below); however numbers in the area are very low.

Figure 2 *By Postcode*

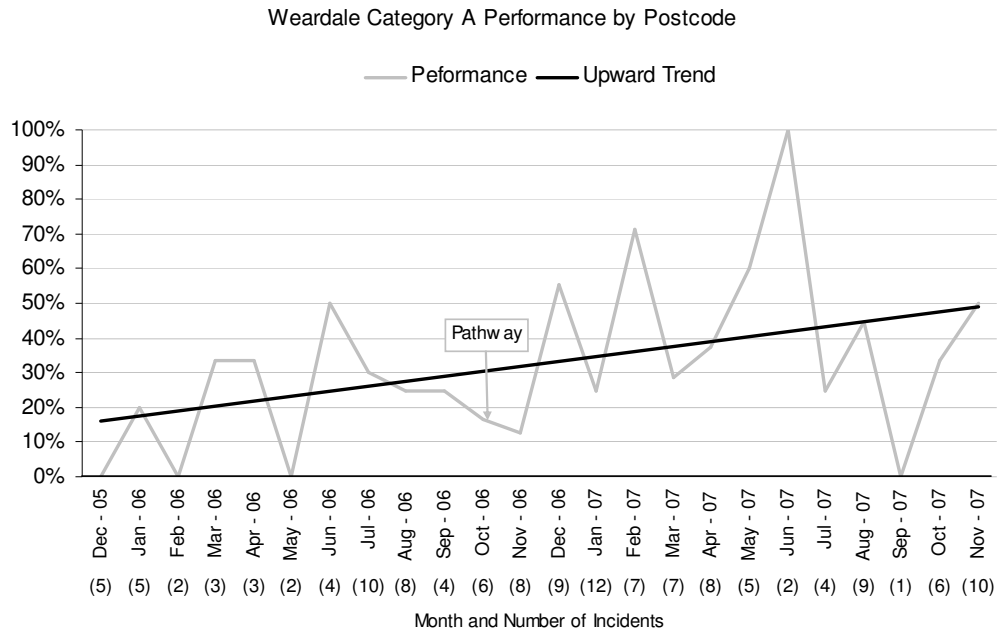


The national focus on targets is in relation to response times and attending Category A calls within 8 minutes. There has been considerable debate as to the definition in relation to at what point the clock starts for this response time and the definition is being revised nationally from the 1st April 2008 to ensure consistency in timing.

As a whole the trust is undertaking a significant amount of additional recruitment and training in order to achieve the new national target from April 2008, when the point at which the clock starts will be when the call is connected to the service, (call connect) moving from its current point which is when the chief complaint has been identified. In addition, there is a national project to move from analogue to digital radio systems, as used by the police nationally, this is due to commence in Spring 2008, again requiring a training input in relation to equipment use. This additional training can at times put pressure on resources in the short term however the long term gain to the patients and the organisation is significant. The dales in particular will experience an improved service from the digital radio system which the police

report to have 100% coverage in all areas, an improvement on the current analogue system.

Figure 3



Figures 3 and 4 show actual performance for Category A activity in Weardale from December 2005 to November 2007. Figure 3 relates to activity which occurs in the defined postcode areas of DL13 1 and DL13 2, figure 4 relates to activity specifically undertaken by formerly the Weardale vehicle and from December 2006 the community paramedic. As activity is measured in percentage terms the charts also identify the actual number of incidents attended during that month which allows context of the massive shifts in performance.

E.g. in figure 3 performance reaches 100% in June, with only two Category A calls and is zero in September when only one Category A call was received and we did not achieve the response time target.

September 07 Incident - This incident was a call made from an Emergency Care Practitioner {ECP} who was with the patient and was providing clinical care at the scene, The Weardale vehicle was already attending a prior emergency incident and responded as soon as clear as nearer than next available resource.

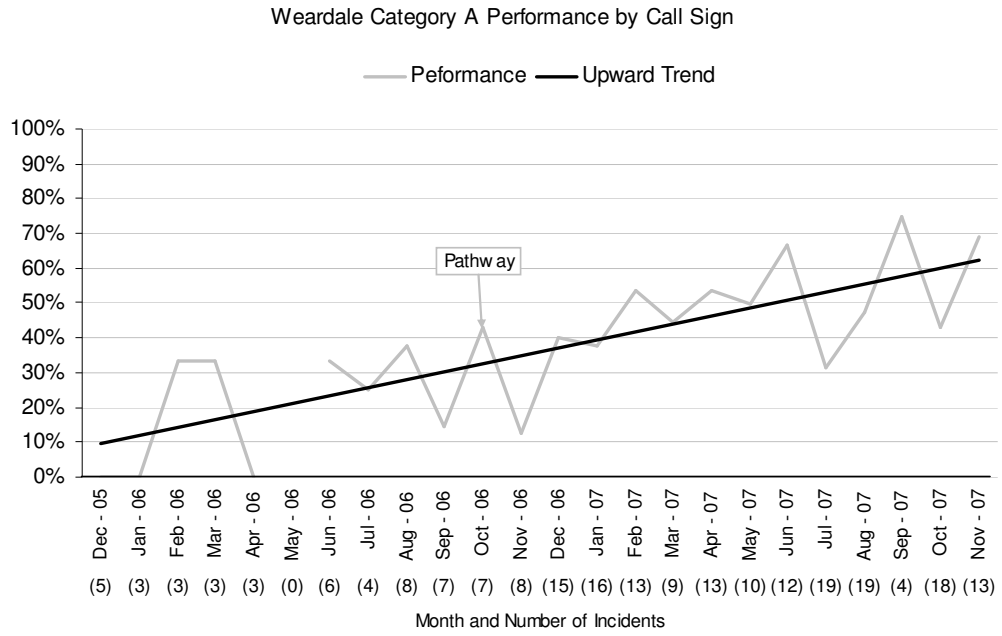
Both charts clearly demonstrate that performance in relation to response times in the area have improved since the introduction of the new service even with the increase in Category A calls already referred to (general info page 4).

The performance per year is:

December 2005 to November 2006	21.1%
December 2006 to November 2007	43.8%

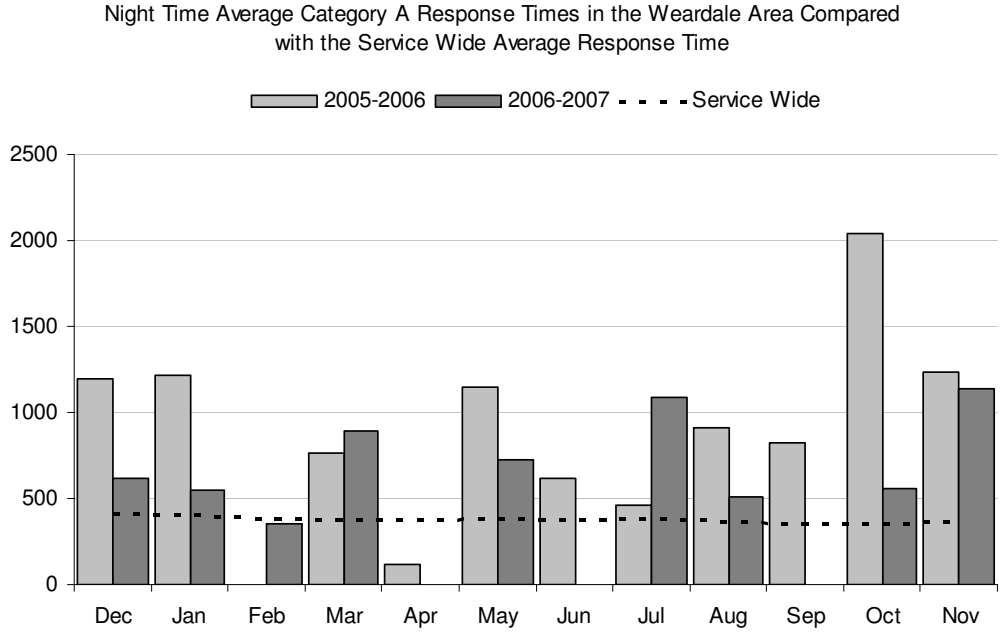
This demonstrates an increase of 22.7% for the Weardale area.

Figure 4



Response Times

Figure 5



The two figures 5 and 6 above and below give the average response times, by month split by day and night. Again in terms of responses they have been graphed by postcode area in which the incident occurred. The average response times is based on the first vehicle to arrive on scene.

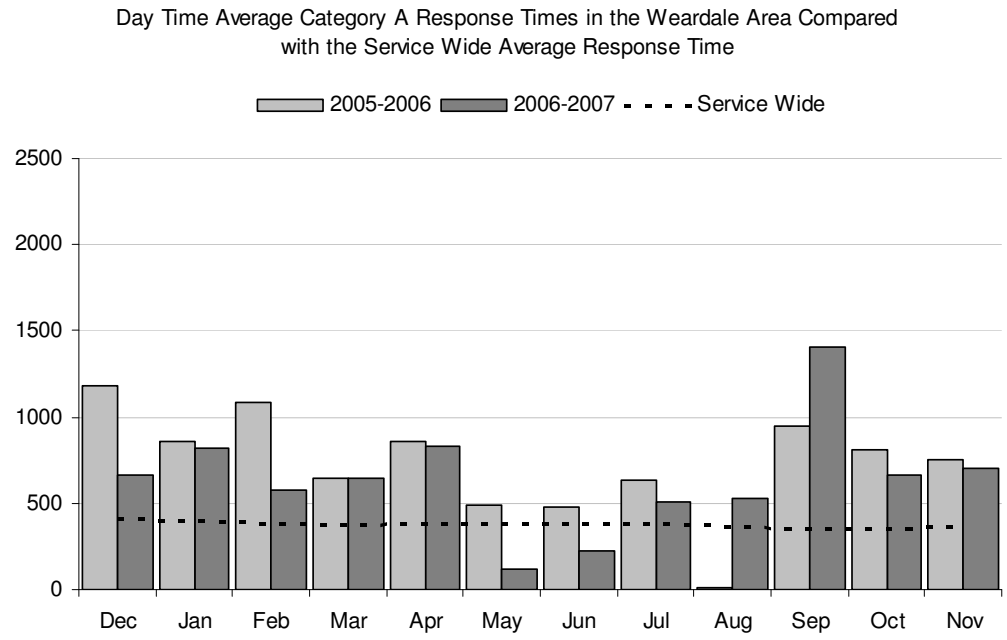
Figure 5 demonstrates that in general terms the response at night (i.e. during the time period defined as night shift 7pm to 7am) has improved in comparison with the previous year. Figure 6 demonstrates that a small improvement has been made in day time responses. A large improvement would not be expected as the only change to day time service is the base location of the vehicle. This slight improvement would suggest that the response times are not being negatively impacted on due to the changed location. Again it must be highlighted that this is in light of there being more responses than in the previous year.

Night time - October 2006 the Weardale vehicle was unavailable, the Teesdale paramedics responded, the patient was aggressive and drunk and police assistance was required.

- July 2007

Day Time - September 2007 as detailed on page 10.

Figure 6



Where there is no figure in the chart no activity had taken place during that period, during the night for February 2006, April June and September 2007, and day time August 2006.

Figure 7 below gives a direct comparison by hour of the day of the average time taken to respond to incidents. Again generally the average response time in 2006/7 is below that in 2005/6, with the exception of time band 12.00 – 13.59.

(This figure is skewed by two incidents {of a total of seven} which were responded to by the Bishop Auckland Paramedics as the Weardale Paramedics were already attending an incident)

Figure 7 *By Postcode*

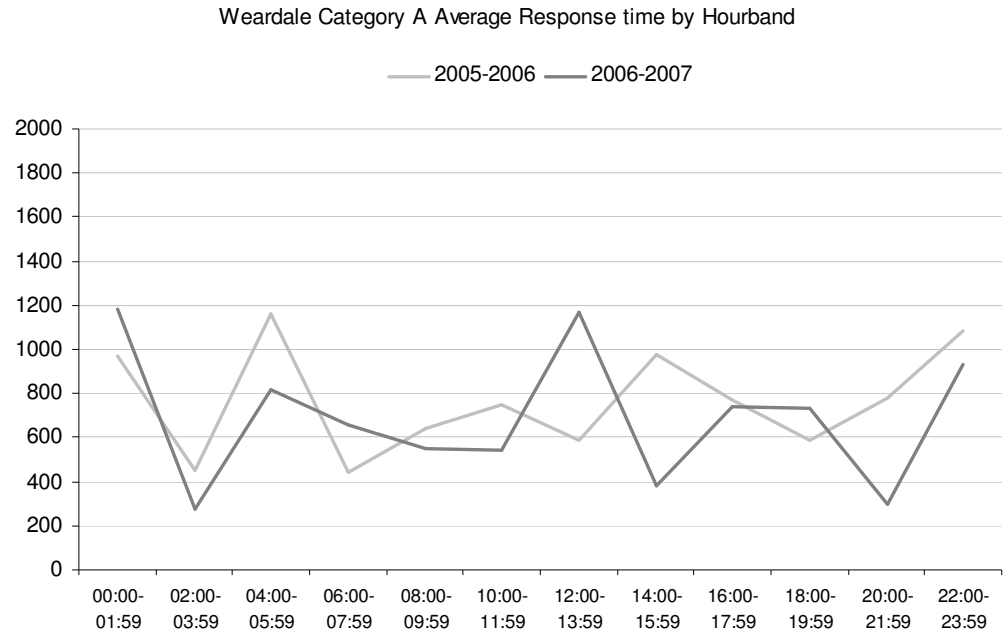
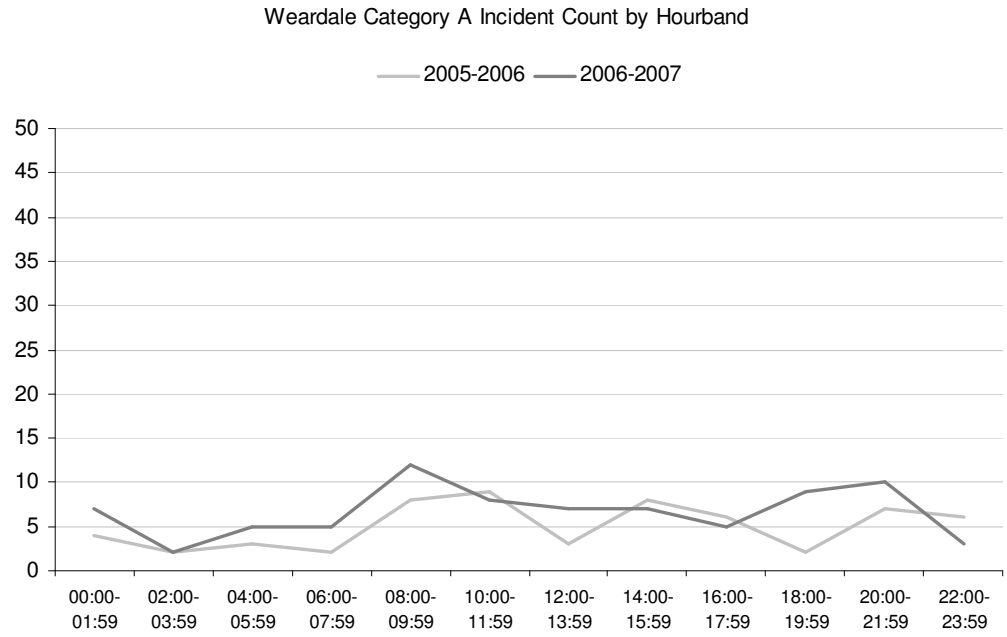


Figure 8 below again highlights that the overall number of incidents responded to has increased which again demonstrates that although more activity is responded to as Category the average time in which those incident are responded to has decreased thus demonstrating an improved service across the area under review.

Figure 8 *By Postcode*



Responses within the Weardale Area

Although the community paramedics are based in the dales areas they are part of an overall service across the North East of England and as such are sometimes required to respond to incidents outside of the area defined in this report as the Dales. Conversely external vehicles respond to incidents within the predefined dales area. This occurs when external vehicles are nearer to the incident or if the local vehicle is unavailable.

Figure 9 By Call Sign

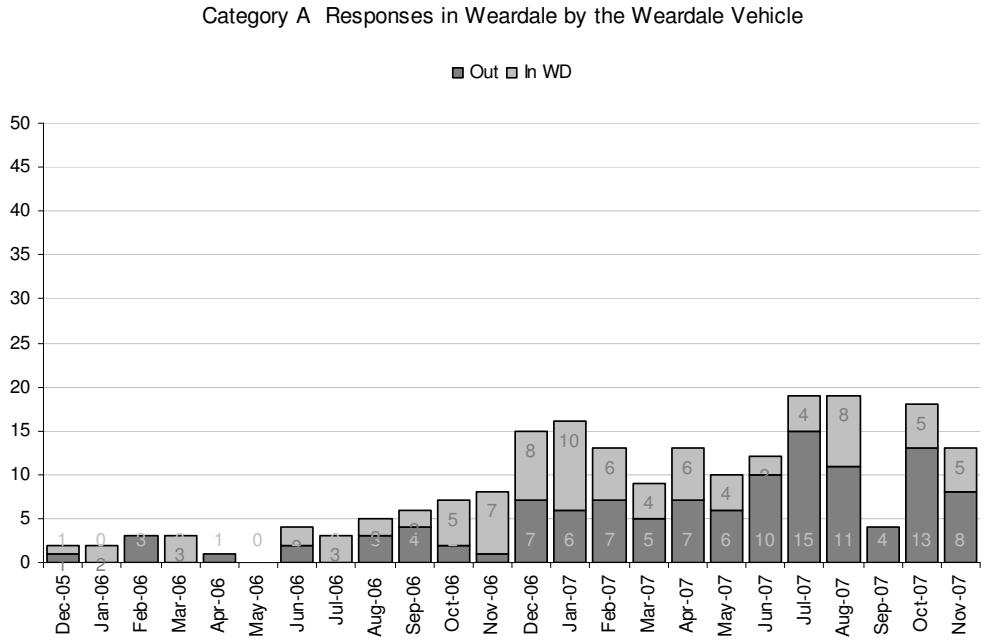
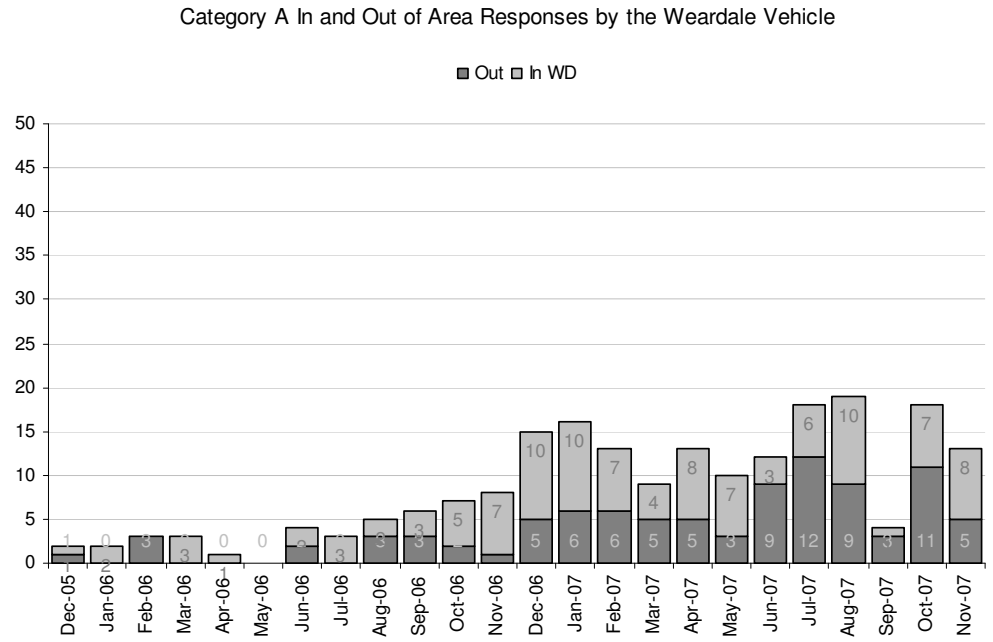


Figure 9 above shows the number of category A responses by the Weardale vehicle both in and outside of the postcode areas of DL13 1 & 2.
The chart shows actual numbers of incidents attended by the vehicle, In May 2006 the Weardale vehicle did not attend any category A incidents.

Again figure 8 clearly demonstrate the increase in numbers of Category A calls however account must be taken of the improved performance demonstrated in figures 2 and 3 above.

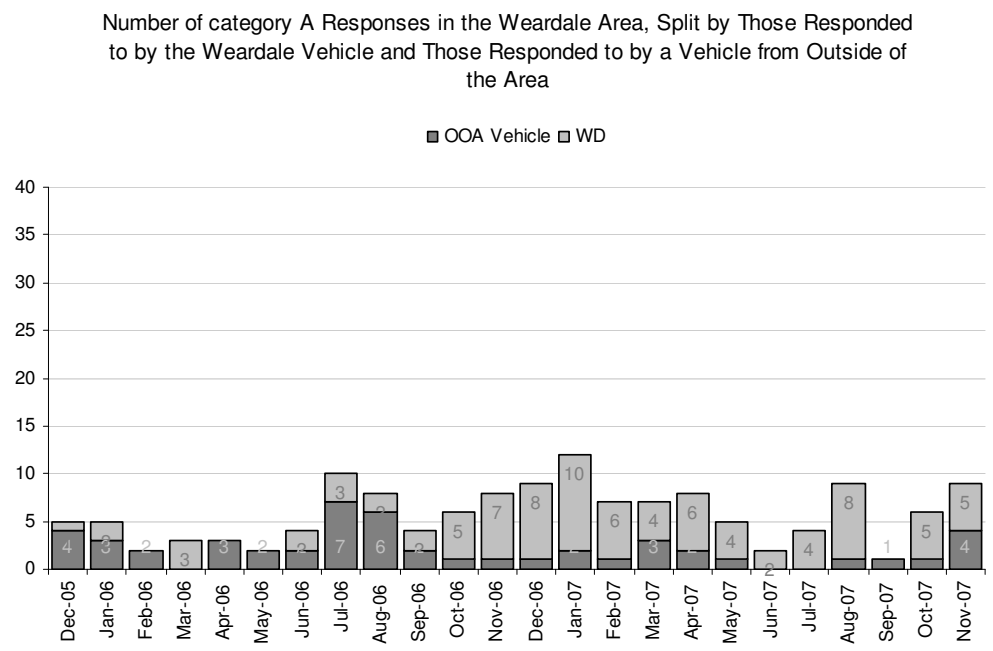
It is acknowledged that part of the postcode area DL13 3 is classed as the lower dale however for the purposes of this report that activity has been excluded throughout. Some of the activity which is reported as out of the Weardale area does fall into this postcode area and as such shows up as 'out of postcode area' figure 10 below includes the DL13 3 activity which would be classed as 'lower dales' included in the in postcode figures.

Figure 10 By Call Sign



The next chart shows the activity which occurs in the Weardale postcode area, as defined previously, and whether that incident was responded to by the Weardale vehicle or by a vehicle from outside of the area. Figure 11 demonstrates that the majority of Category A incidents responded to are responded to by the community paramedics.

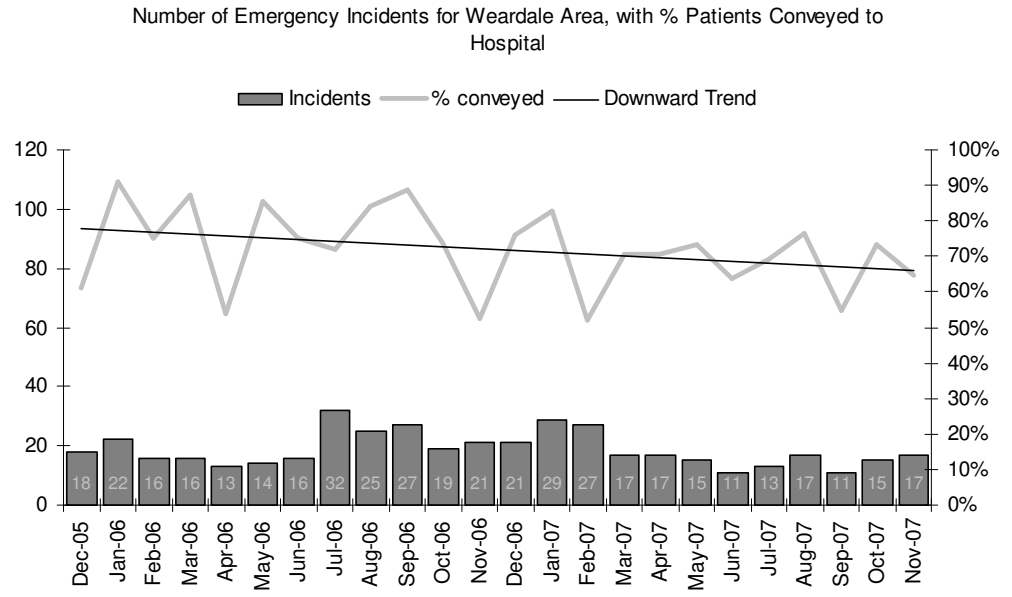
Figure 11



Conveyance Rates

Much of the focus of a modern ambulance service and an improved service for patients is in relation to the reduction in conveyance to hospital. For many patients who access ambulance services their needs can be better met by appropriate clinical assessment, treatment and remaining at home, which is less traumatic than a trip to hospital.

Figure 12



Part of the extended skills of the community paramedic involves the ability to carry out and interpret more diagnostic tests at home and liaise with other services to prevent admission. The percentage of patients taken to hospital is shown below. This chart details both the number of emergency incidents occurring in the Weardale area and the percentage of those incidents where the patient required transportation to hospital. Although the total number of incidents has remained fairly steady the number of patients being conveyed to hospital has reduced over the period.

Tees Dale - Supporting Information

As previously highlighted in relation to the Weardale performance the Trust has experienced an overall increase in Category A incidents since the introduction of NHS Pathways.

Figure 13 By Postcode.

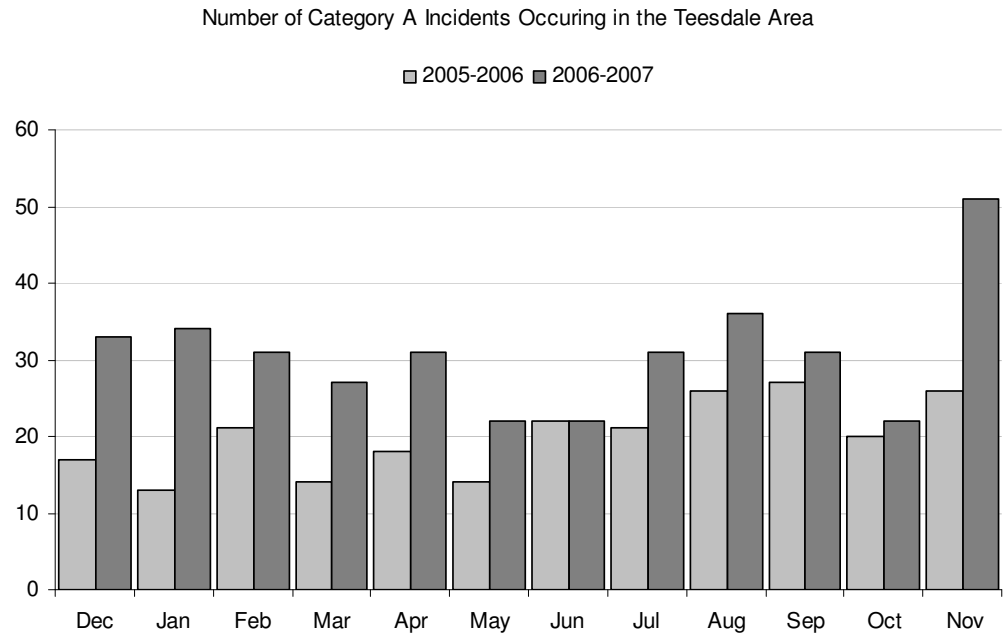


Figure 13 highlights this increase for the Teesdale area only. The reason for this increase is associated with the change of assessment system which 'fails safe' to Category A on more occasions than the previous system. It is not associated with the changes taking place in the shape of ambulance provision in the Dales.

Again as highlighted the trust is undertaking a significant amount of additional training in order to achieve the new national target from April 2008 for call connect (when all trusts will start their clocks at the same time) and the introduction of new digital ambulance radio systems from spring 2008.

Figures 14 and 15 below show the actual performance for category A activity in Teesdale for December 2005 to November 2007. Figure 13 relates to activity which occurs in the defined postcode areas of DL12 0, D12 9, D12 8, DL13 5 and DL2 3.

Figure 14

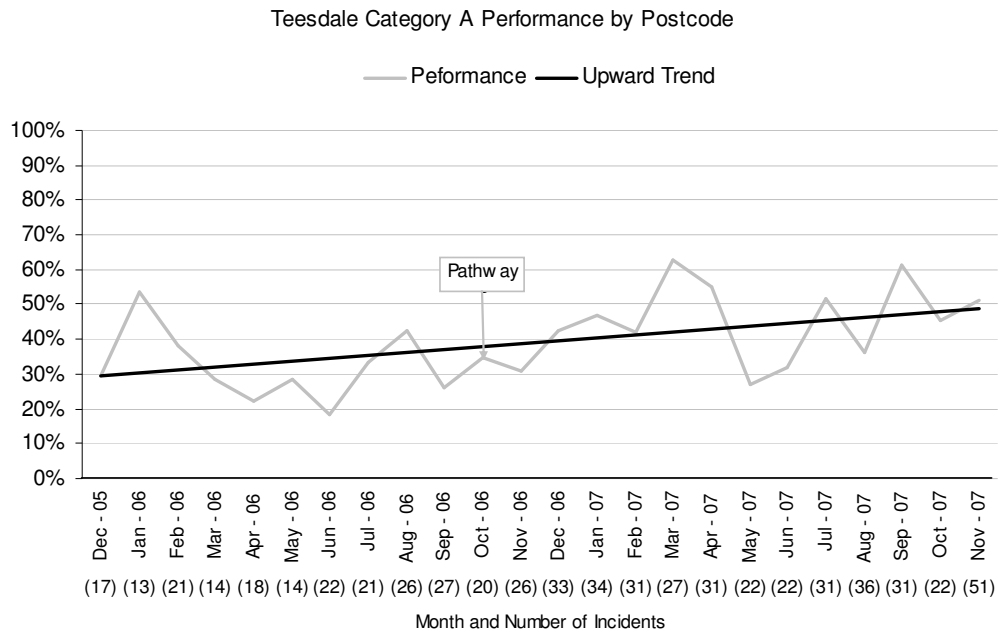
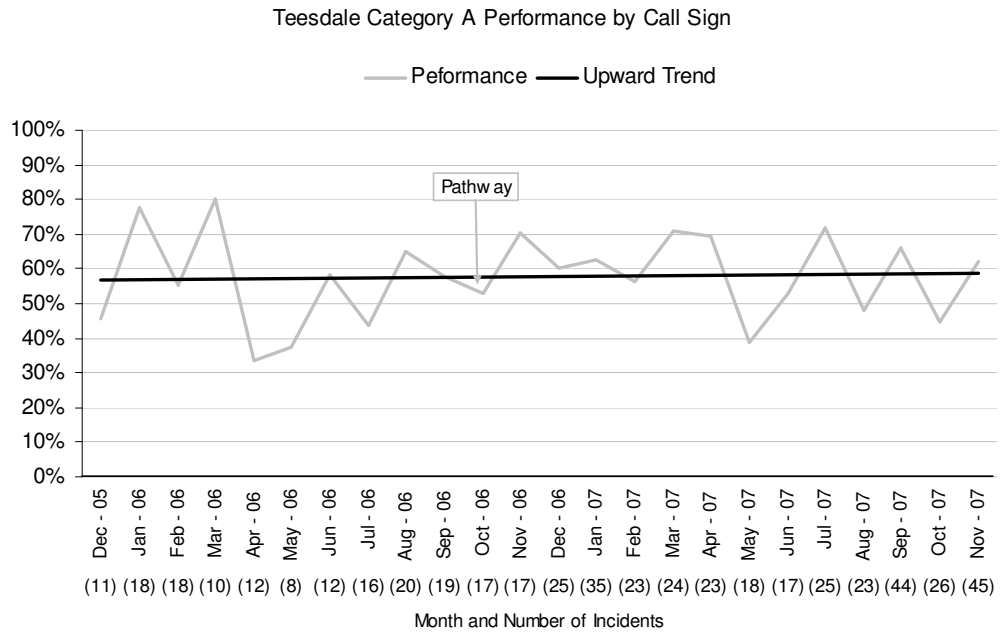


Figure 15 below relates to activity undertaken specifically by the vehicle formerly based at Barnard Castle and Middleton in Teesdale from December 05 to November 06. From December 2006 onwards activity relates specifically to the Teesdale community paramedic based at Barnard Castle.

Figure 15



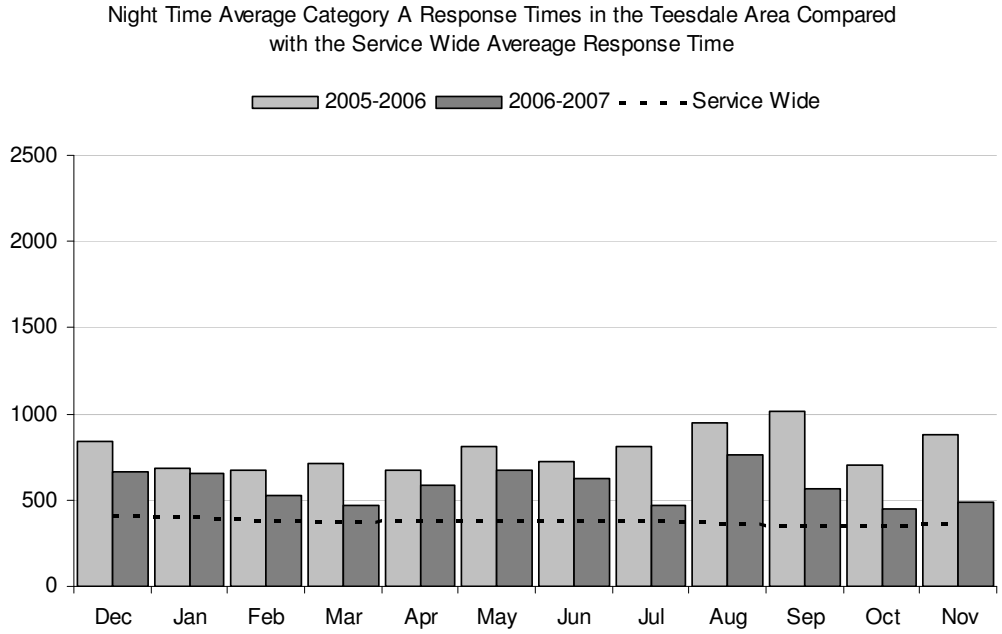
Both charts demonstrate that performance in relation to Category A incidents has improved, particular emphasis must be given to figure 14 which relates to the postcode area, which identifies almost a 10% increase over the period,

despite the actual number of incidents on occasions, being almost double the same period the previous year.

The performance per year is:
December 2005 to November 2006 31.8%
December 2006 to November 2007 46.9%
This demonstrates an increase of 15.1% for the Teesdale area.

Response Times

Figure 16

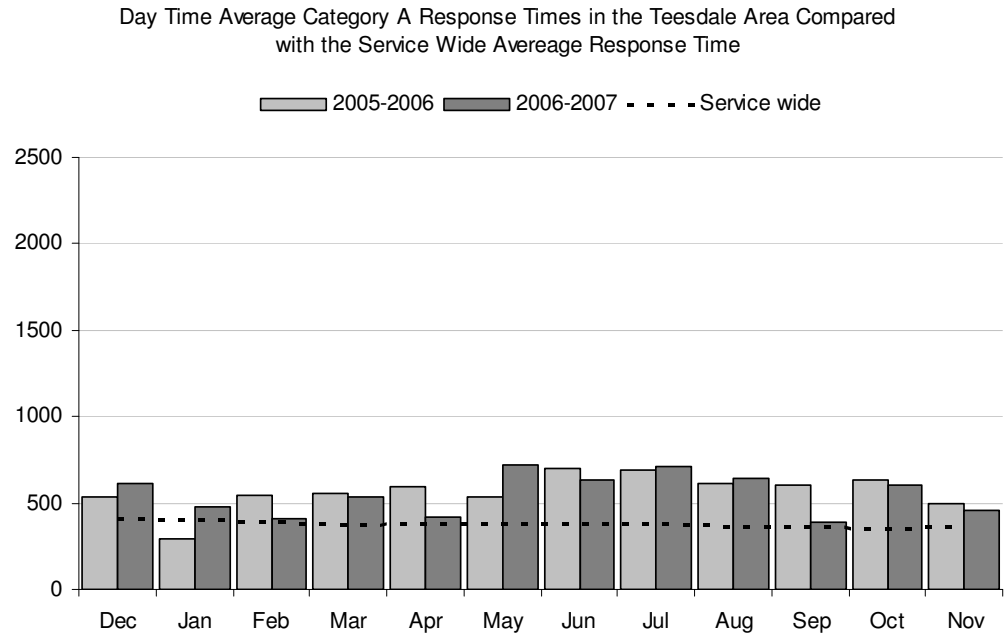


The figures 16 and 17, above and below, give the average response times, by month split by day and night for the period. Again in terms of responses they have been graphed by postcode area in which the incident occurred. The average response times is based on the first vehicle to arrive on scene.

Figure 16 demonstrates that through out the year the average response time at night (i.e. during the time period defined as night shift 7pm to 7am) has improved in comparison with the previous year.

Figure 17 demonstrates that a small improvement has been made in day time responses however significant increases would not be expected as during the daytime the only service difference is the base location of the ambulance. This slight improvement, would suggest that the response times are not being negatively impacted on due to the changed location. Again it must be highlighted that this is in light of there being more responses than in the previous year.

Figure 17



Again figure 18 below identifies the average response times for incidents occurring in the postcode area defined above. The charts show a levelling out of response times throughout the day since the introduction of the new service, and an improvement in average times from the previous year.

Figure 18

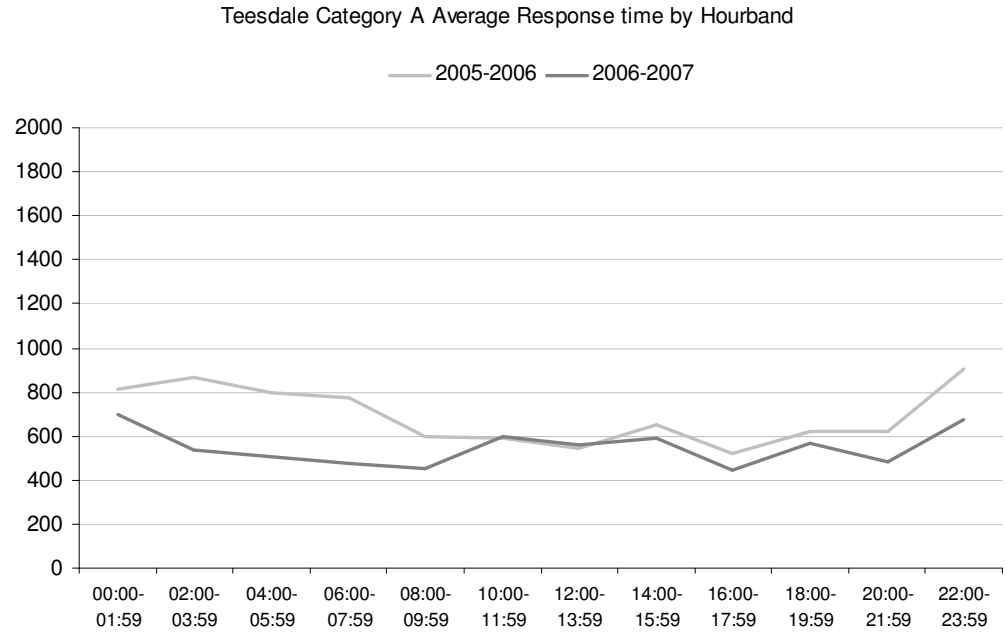
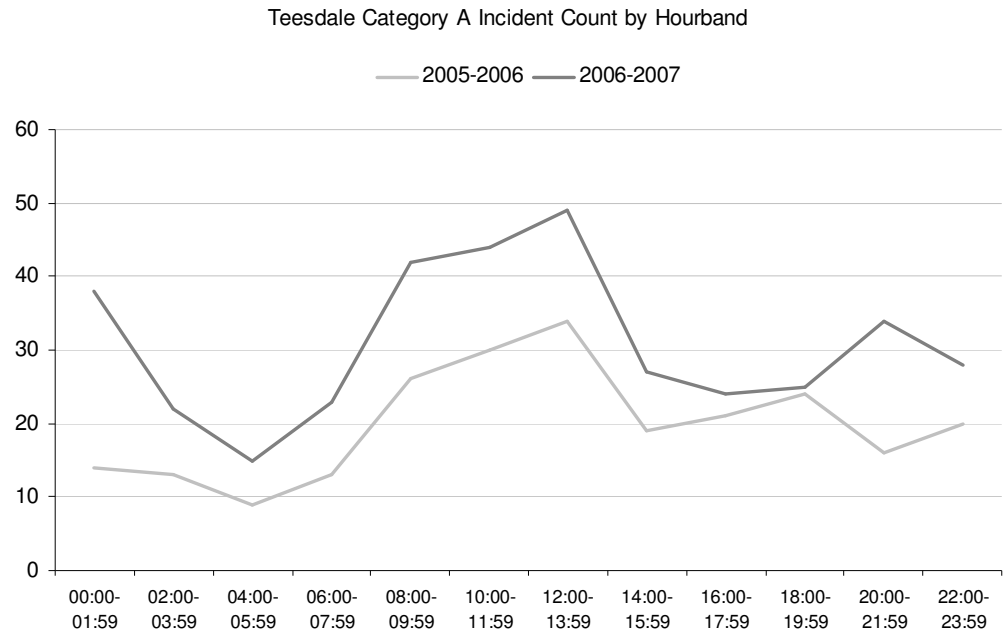


Figure 18 must be viewed in light of the following chart, figure 19 below, which outlines the average number of incidents by hour band for the same period.

An increase can be seen for every hour band, peaking between 12midday and 2pm.

Figure 19 by Postcode



Responses within the Teesdale Area

As previously highlighted although the community paramedics are based in the dales areas they are part of an overall service across the North East of England and as such are sometimes required to respond to incidents outside of the previously defined postcode area, and conversely external vehicles respond to incidents within the previously identified dales postcode area. This occurs when external vehicles are nearer to the incident or if the local vehicle is unavailable. Figure 20 below shows the number of category A responses by the Teesdale vehicle both within and outside the predetermined postcode area. It shows the actual number of incidents attended by the vehicle.

Again figure 20 clearly demonstrates the increase in numbers of Category A calls since the introduction of NHS Pathways however account must be taken of the improved performance demonstrated in figures 14 and 15 above. The charts also show that the larger proportion of work undertaken by the Teesdale vehicle takes place within the defined Teesdale area and the smaller proportion is undertaken outside of this area.

Looking at this in another way figure 21 details the total number of Category A incidents which occurred in the defined postcode area split by those responded to by the Teesdale vehicle and those responded to by a vehicle from another ambulance station. The chart indicated that the largest proportion of activity is responded to by a community paramedic with support from outside of the area when necessary.

Figure 20 By Call Sign

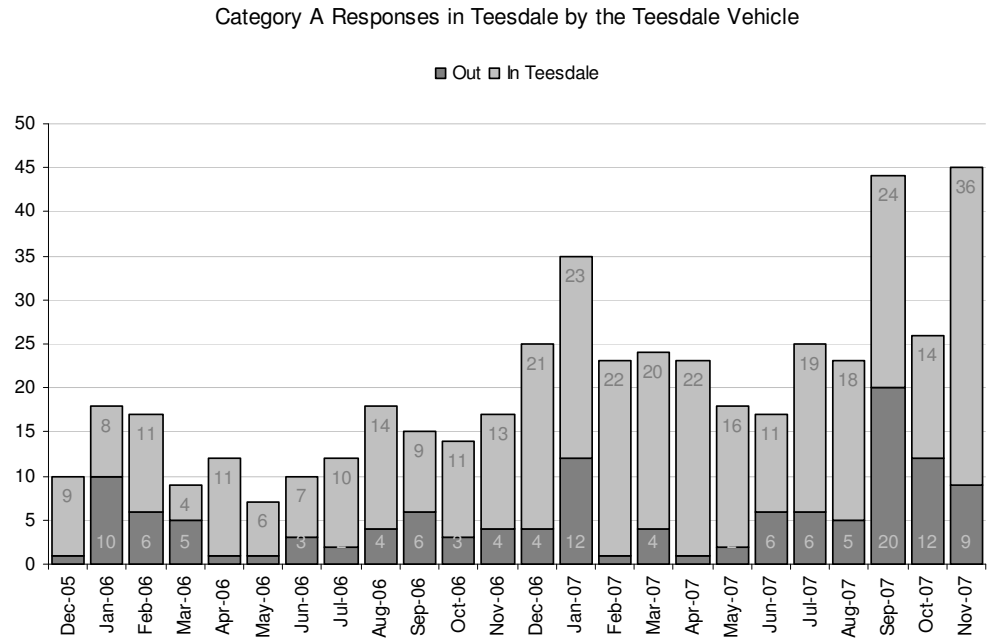
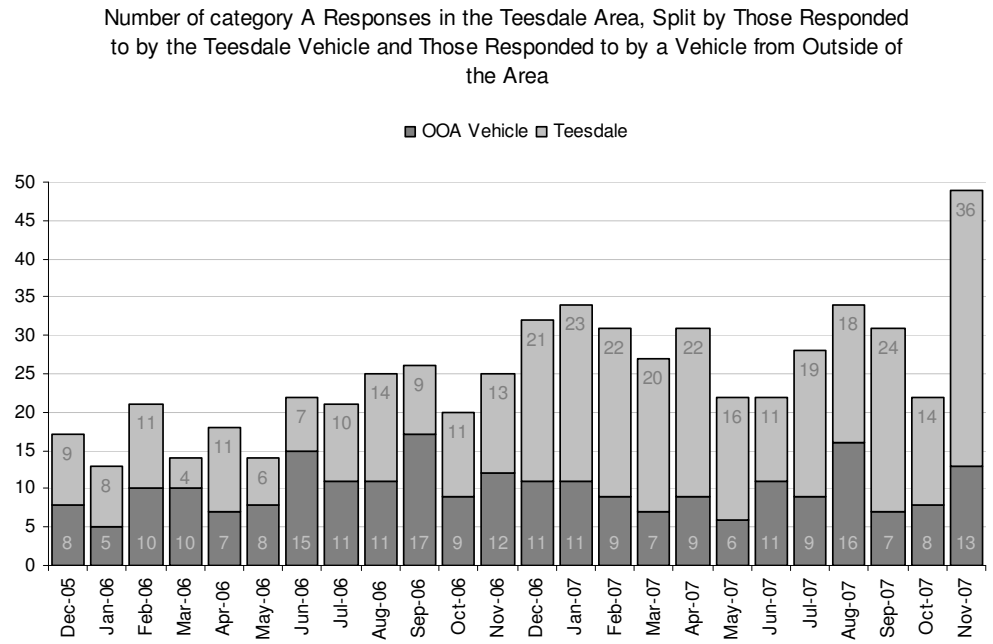


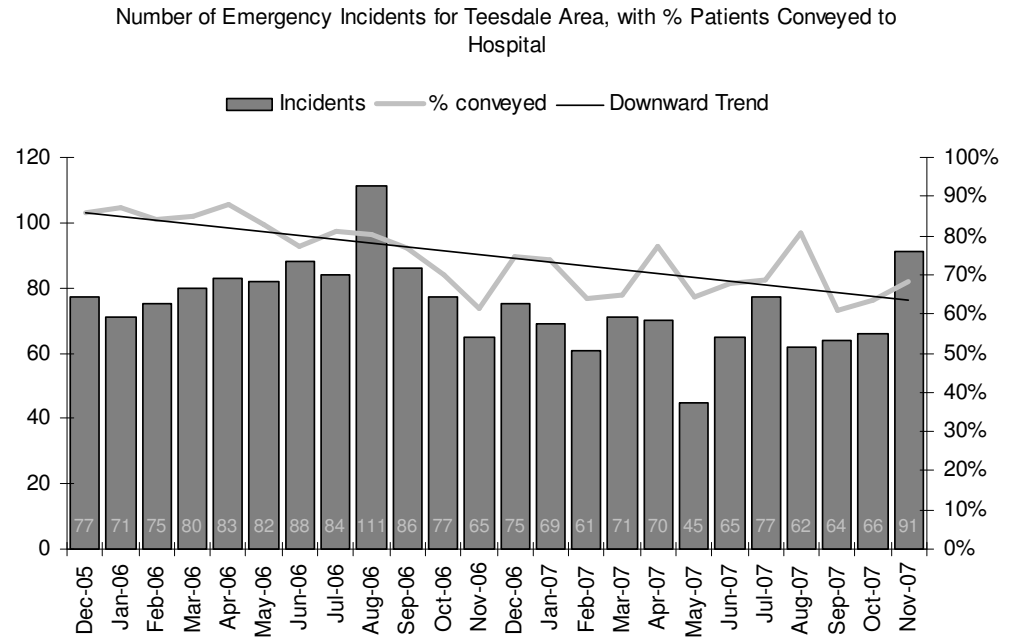
Figure 21 By Postcode



Conveyance Rate

As previously identified much of the focus of a modern ambulance service and an improved service for patients is in relation to the reduction in conveyance to hospital. For many patients who access ambulance services their needs can be better met by appropriate clinical assessment, treatment and remaining at home, which is less traumatic than a trip to hospital

Figure 22



Part of the extended skills of the community paramedic involves the ability to carry out and interpret more diagnostic tests at home and liaise with other services to prevent admission. The percentage of patients taken to hospital is shown in figure 22 above. This chart details both the number of emergency incidents occurring in the Teesdale area and the percentage of those incidents where the patient required transportation to hospital. Although the total number of incidents has remained fairly steady the number of patients being conveyed to hospital has reduced over the period.

Conclusion and Recommendations.

The one year monitoring and evaluation period was agreed to enable NEAS to allay concerns that relocation of the vehicles from the current standby stations would have a detrimental effect on service provision in the Wear and Tees Dales.

The monitoring data provided over the period has been revised in line with the requirements of the Patient and Public Involvement Forum representatives, who have formed part of the review and this report details all of the information requested by the group excluding manually collated data.

Conclusion

On comparison of activity, performance, community visibility and service provision, the introduction of community paramedics in 2006/7 has demonstrated an improvement in both dales.

Performance in relation to the specific postcode areas has improved as below:

	Weardale	Teesdale
December 2005 to November 2006	21.1%	31.8%
December 2006 to November 2007	43.8%	46.9%

This demonstrates an increase of 22.7% for the Weardale area and an increase of 15.1% for the Teesdale area. This is in spite of an overall increase in the number of Category A incidents being experienced both across the dales and in the whole of the Trust, due to the introduction of NHS Pathways clinical decision support system.

The average response times for both night shift and day shift have improved, the night time responses moving more in line with day shift response times, ensuring a more equitable modern service.

Numbers of patients conveyed to hospital has decreased, demonstrating that patients are receiving treatment and remaining at home more than previously, reflecting an improved patient experience and improved clinical assessment skills of the community paramedics.

Paramedics are working more closely with local GP practices and community hospitals improving communication, patient care and supporting the provision of primary care alongside their emergency response functions.

The figures produced in the report suggest that the introduction of the community paramedic service, including the relocation of ambulance base has not had a detrimental effect of service provision in the dales. Figures suggest an improved response during both the day and night shifts and better performance despite increased numbers of Category A responses.

In addition to the general improvement highlighted above the Dales are receiving an integrated health provision linked with primary and secondary care which enhances the patient experience.

Recommendation.

- Continue to develop the current community paramedic service
- Close the stand by station at Middleton-in-Teesdale but continue to ensure the visibility of the Teesdale crews throughout the dale through closer partnership working with all GP practices
- Relocate the ambulance station in Weardale from St Johns Chapel to Stanhope Community Hospital and continue to ensure the visibility of the crews throughout the dale through closer partnership working with the GP practice
- Continue to develop services to meet local needs in collaboration with PCT and NEAS vision document.

Appendix I

Proposal

Extracted from Consultation document

Modernising rural ambulance services

A consultation seeking the views of people living in County Durham on proposed changes to standby practices at rural ambulance stations by Durham Dales Primary Care Trust

53. Ambulance service advances in patient care and the increase in the number of 999 calls which require an urgent, primary or social response is shaping the future of ambulance services in the UK.

54. The low number of emergency calls in the Durham Dales means that NEAS is not putting the clinical skills of ambulance crews to best use in serving the healthcare needs of the community.

55. The proposal is to replace the 11 standby crews with 12 Community Paramedics who will create a better link to primary care; for example GPs, district nurses or primary care centres.

56. Taking into account the fears of patients and local communities over possible delays in back-up transport for Community Paramedics, it is proposed that the 12 Community Paramedics (six in Weardale and six in Teesdale) will work alongside ten Emergency Care Assistants (five in Weardale and five in Teesdale).

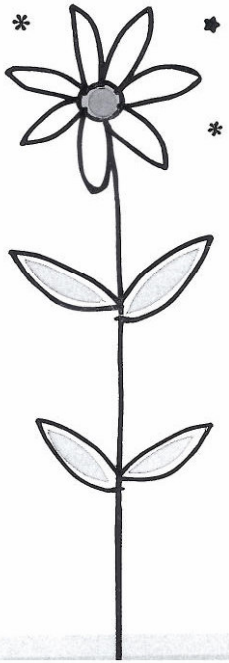
57. Emergency Care Assistants will be a new role in the NEAS. They will be trained to the equivalent level of first aid responders with the additional qualification of driving an ambulance under “blue light” conditions.

58. This ensures that the transport will always stay with the Community Paramedic when working in the Durham Dales.

59. This modernisation in front-line services represents a significant investment in ambulance provision in rural areas, with a doubling in the number of ambulance staff from 11 to 22.

60. Community Paramedics will differ from traditional ambulance crews because they will work more closely with other healthcare professionals. For example, working alongside GPs, they will be trained to a higher skill level in areas that will best meet the clinical needs of the community they are serving.

Big Thank You

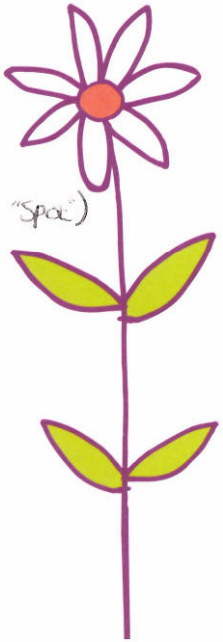


To:

Craig & Simon,

Thank you very much for looking after me on your ambulance!

That was so nice of you



Love from,

the both of us!

(a.k.a. Kinz & the "Spaz")

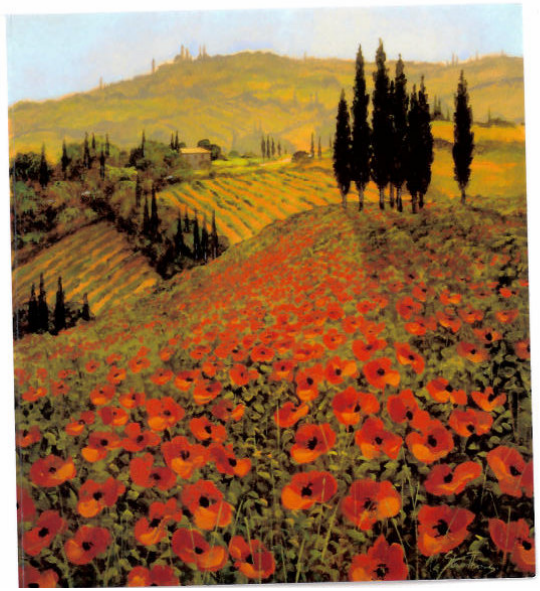
XXX

To
Katrina, Gary + Ian.

Thank You

We really enjoyed your visit to school. The children got a lot from the experience and had a good insight into the role of a paramedic.
Thanks again.

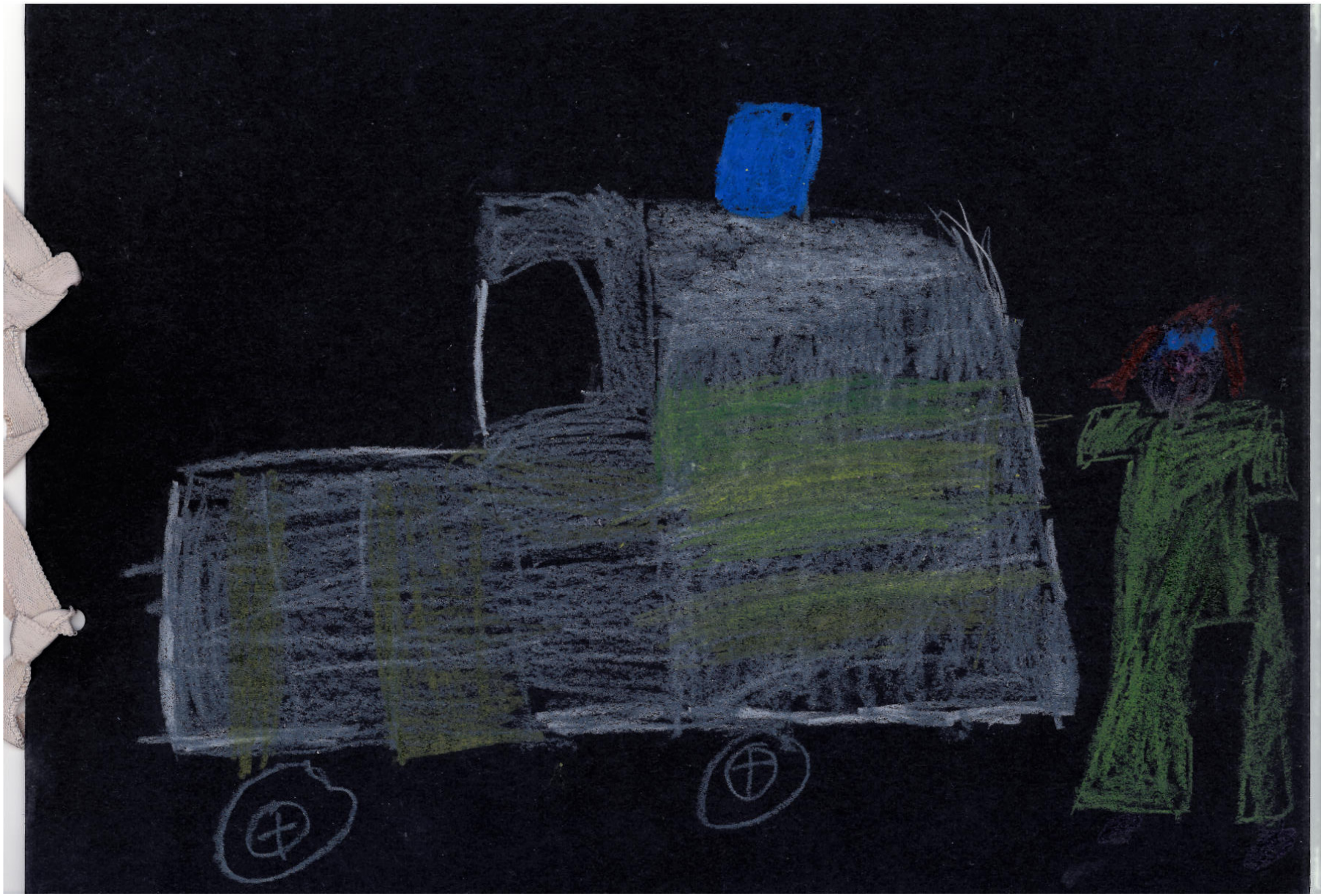
Karen, Margaret + Janet.



Noel Tatt

Pocket 28 GCG22

28582



TO
katrina, Gary and Ian

Thank you for Showing us arand
The ambulance. it was great. But
I've Been in An anbulance Before.
I like the siren and lights.

from wearhead Shcool
xxx xxx xxxxxxx xxxxxxxxx

William

Sarah

Hannah

Imogen

Holly

Lucy

Randall

James Randall

Charlotte Fenton

Charlotte Smethills

Adrian

Ryan D

Oliver

Malcolm

James Dunn

Andrew

Tom

Shae

Lydia

Kym

NWAIA