

# **Monitoring the Rural Ambulance Services The Patient and Public Perspective**

## **Addendum**

This is the response of the CDPCT-PPI Forum to the NEAS report which was amended following the final monitoring meeting 4<sup>th</sup> Feb 2008. This amended report was not made available to the PPI Forum until 21<sup>st</sup> February, which was too late to be reviewed in time for the printing deadline for the full Forum meeting on 26<sup>th</sup> February 2008 at which our report will be presented for approval.

Our report, summary, recommendations and conclusions remain unaltered but we wish to make the following responses.

The following comments should be read and noted in conjunction with the NEAS Report dated 16<sup>th</sup> February 2008.

Page numbers refer to pages in the NEAS Report.

**The PPI Forum on the monitoring panel wish to register the strongest complaint that differentiated postcode information now included in the NEAS final report, which should have formed the basis of the monitoring evaluation from the outset, was only provided to the PPI on 21<sup>st</sup> February 2008 following the final monitoring meeting. This information had been requested by the PPI Forum from the outset on 4<sup>th</sup> December 2006. Why could this not have been provided for evaluation at every monitoring panel meeting as this was the purpose of the monitoring process?**

Page 1 Summary

“The review has been undertaken in collaboration with representatives from the PPI Forum who have formed part of the monitoring group” [NEAS REPORT]

This however is the NEAS Report and not a joint report.

Page 3 Background

“ 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.” [NEAS REPORT]

This statement is assumed, guessed and inaccurate. The ambulance station situated at St John’s Chapel is there not because of any corporate decision based on previous population size or industry. Indeed there was no national ambulance service or National Health Service, no lead mines and no cement works when the station was set up. Before 1930 private cars were used to take patients to the nearest hospital, Newcastle Infirmary , but it was common for local surgeons to conduct operations on the kitchen table. **In 1930 Upper Weardale residents responded to the need and purchased their own ambulance through public subscription.** In 1948 it was handed over to the safe keeping of the NHS. It was a similar situation in Middleton ( This is why the residents at St John’s Chapel, Middleton and the upper dales have fought so hard over the years to protect the services in Weardale and Teesdale – there is a real sense of ownership of the service which goes far beyond selfishness.) With constant speculation about Bishop Auckland Hospital, regular use of out of area ambulances and an Out of Hours services 30 miles away today’s residents feel just as vulnerable.

NEAS has continually underestimated population size of both upper dales.

“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 will be required to support their colleagues out with their normal working area. This is essential to ensure the most responsive service to both the Tees and Wear dales and the rest of the North East.” [NEAS REPORT]

While the Community Paramedics in the area operate as part of an overall service provision for the whole of the North East , the logistics dictate that, the calls from people in remote areas cannot be answered with an adequate response time if the local ambulance is out of the area

and replaced by crews from outside the area. The residents in Upper Weardale and Upper Teesdale do not get a responsive service in these circumstances.

Page 5

“The manually collated information requested by and shared with members of the review group has not formed part of the following analysis as it does not reflect all resources utilised within the defined areas and as such does not reflect overall responses, only those of the identified vehicles.” [NEAS REPORT]

There was a failure by NEAS and the PCT to provide all of the evidence to reflect overall responses by all vehicles. Information regarding response times to DL13 1 and DL12 0 was never shared at any of the monitoring meetings, neither was information about response times by out of area crews. Concerns about these could not be evaluated.

Pages 5 – 7 Community Activity

“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.” [NEAS REPORT]

PPI have always supported community activity and are not suggesting that the ambulance crews would be sitting in their building at St John’s Chapel and Middleton. They do believe that it is possible to work throughout the community, at GP surgeries, the Community Hospital and in peoples homes while retaining the overall bases at St John’s Chapel and Middleton in Teesdale. The PPI firmly believe that removal of the base to Stanhope will result in Community Work being carried out exclusively at the Health Centre and Community Hospital in Stanhope and that the ambulance will not be seen in the upper dale as has already happened in Teesdale.

“The general view of the Weardale paramedics is that the location within Stanhope is the preferred option” [NEAS REPORT]

Paramedics prefer the Stanhope and Barnard Castle locations mainly because of the greater volume of incidents and the greater number that can be served within the recommended orcon time. While recognising the role which the paramedics will play in the larger centres, from the patient’s perspective we must remember that there are as many people in the villages and hamlets of the upper dales, scattered over a much wider area, who fall well outside the orcon times.

Page 11

“The table below gives this performance split by postcode area.” [NEAS REPORT]

Information regarding postcode should have been shared and evaluated at monitoring meetings.

Response time improvements in DL13 1 from 41.7% to 60% are very welcome. Much of the increase will be due to the change from standy to 24/7 working. However they also show that

an ambulance working out of St John's Chapel (130 starts) and Stanhope (155) starts can accomplish the improvements that NEAS want without a relocation of the ambulance station. Compare this to Teesdale where the ambulance was relocated to Barnard Castle and the performance in DL12 0 plummeted from 40.9% to 5.7%.

Page 14

Without explanation this table using postcode information is difficult to comprehend. The "Total" row at the bottom while appearing to be an average requires further explanation as it does not calculate as a 'mean' and fails to provide a comparison from one year to the next.

Page 16

Figure 10 and the table on page 18 shows the Weardale Vehicle answering about 50% of its Category A responses outside the area.

Analysing 2006-7 data

The Weardale Ambulance answered 81 CAT A calls in Weardale (including Wolsingham).  
The Weardale Ambulance answered 80 CAT A calls out of area.

The Forum's 50% sample of Raw Data showed the Weardale Ambulance answered 163 out of area calls. We can estimate from this that there would have been approx 300 'out of area' callouts over the 12 months. Only 80 of these were CAT A (26%)

Therefore 74 % of out of area calls are for non life threatening conditions. Is it reasonable to leave the whole of Weardale without emergency cover in these circumstances.

Page 17-18

"The table on the following page (18) gives all activity by the Weardale Vehicle...". [NEAS REPORT]

This is incorrect it shows only CAT A activity.

Page 19

Of the CAT A incidents in Weardale 17 were answered by an out of area ambulance. See Figure 11. This is an improvement on the situation during standby but still 21% of CAT A calls each of which will take from 30 – 45 minutes to reach DL13 2 and DL13 1.

Page 22-23

"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..." [NEAS REPORT]

NEAS draws our attention on page 23 to an average 15.1% improvement for Teesdale. The table on page 22 giving performance split by postcode area highlights exactly the concerns which the PPI Forum have raised throughout the monitoring period ie. that averaging

masks huge variations in performance. Most worrying of all the effect of closing the ambulance station at Middleton in Teesdale has reduced performance for CAT A (immediately life threatening) conditions from 40.9 % to only 5.7%. Only 2 of 35 incidents in 2006-7 were responded to within the 8 minute target. NEAS do not record whether the two successes were achieved by a first responder or an A&E ambulance crew.

Page 27-28

“The table on the following page (28) gives all activity by the Teesdale Vehicle...”. [NEAS REPORT]

This is incorrect it shows only CAT A activity. 26.3% of CAT A activity is out of the area but the paramedic Raw Data analysed by the PPI Forum shows far higher levels of out of area activity when all categories are included. Is this reasonable when they are failing to meet their CAT A targets in Upper Teesdale and DL13 5.

Page 31

“it is acknowledged that the whole raw dataset requested by the representatives was not collated due to it adding increased bureaucratic workload onto the frontline staff outside of their duties” . [NEAS REPORT]

The raw dataset was seen as an essential part of the monitoring by the PPI . The PCT and NEAS had a duty to ensure that the whole raw dataset was provided. By failing to do so the professional bodies have demonstrated a lack of commitment to the monitoring process and a casual disregard of the lay members on the monitoring panel.

The raw data which was collected has illuminated many concerns which NEAS have chosen to ignore in their report.

Appendixes

Page 37 Weardale Paramedics comments

This letter from the Middleton in Teesdale GPs presented to the NEAS on 30<sup>th</sup> October 2007 at the third monitoring meeting was not answered until 14<sup>th</sup> February 2008, following a reminder at the last monitoring meeting on 4<sup>th</sup> February 2008. The PPI Forum feels that the response failed to answer the concerns raised in this letter.

Page 46-7

Paramedics prefer the Stanhope and Barnard Castle locations mainly because of the greater volume of incidents and the greater number that can be served within the recommended orcon time. Performance in Upper Teesdale has shown that hitting easy targets in bigger centres has a profoundly detrimental effect on the large but scattered population of the upper dales.

The student while not in any way supporting our cause helps to make the PPI case

- by noticing and complaining about commuting times (28 miles) to St John's Chapel station. Patients have more reason to complain about waiting this length of time for an out of area ambulance followed by equally long conveyance times to hospital.
- by innocently confirming how 'remote' is St John's Chapel while not appreciating the vulnerability of patients in upper dales villages.
- by observing that she herself lives within 8 miles of four stations. How very fortunate.
- by revealing 100s of miles of travelling being sent to Crook, Bishop and Darlington on standby, without realising that this has left Weardale without cover.

NEAS have obviously not impressed upon trainees that they will, within this new service, be working alongside GPs and other healthcare professionals giving a very valuable lifeline to patients in the upper dales not only when performing these duties but also while on A&E duty.

#### Page 49 Teesdale Paramedics Comments

Both paramedics in Teesdale seem totally disillusioned by the new paramedic role. One complains of false promises and failure to deliver promised training by the ambulance service and the PCT to deliver new courses and skills. The other says his role is no different than before the change.

The Teesdale paramedic admits to basing his view about the closure of Middleton-in-Teesdale station without any supporting orcon evidence.