Item No 1

DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Committee** held at the County Hall, Durham on **Thursday 11 September 2008** at **12.30 p.m.**

COUNCILLOR J CHAPLOW in the Chair.

Durham County Council
Councillors A Bell, R Bell, R Burnip, P Gittins, J Lee, P Stradling, T Taylor, and O Temple

Chester le Street District Council
Councillor G Armstrong and R Harrison

Durham City Council
Councillor M Smith

Derwentside District Council
Councillor D Lavin

Teesdale District Council
Councillor T Cooke

Wear Valley District Council
Councillor A Anderson

Co-opted Member
Councillor D Bates

Other Members
Councillors J Shuttleworth, M Simmons and J Wilkinson

Apologies for absence were received from Councillors I Agnew, M English, A Gray, S Iveson and M Potts

A1 Declarations of Interest

There were no declarations of interest.

A2 Ambulance Service in Rural Areas

The Committee considered reports of the Head of Overview and Scrutiny and County Durham Primary Care Trust about for the modernisation of rural ambulance services in Teesdale and Weardale. The Committee also received presentations from the County Durham Primary Care Trust and the Weardale Ambulance Group (for copies of slides see file).

Cameron Ward Director of System Management for the PCT gave a presentation explaining the PCT's proposals. An explanation of the background to the proposals and the service provided up to 2005 was given. It was

explained that the PCT would no longer be able to commission these services as they no longer satisfy governance requirements. It was acknowledged that the service provided to the Dales is unsatisfactory in terms of performance and that the PCT have had concerns over resilience and the on going recruitment difficulties for the area. The Committee were advised that the revised proposals will be based around a 24/7 service with enhanced crews of paramedics. Separate vehicles will be provided for each dale and there will be back up service within the dales and this will not rely on the wider NEAS service. There will be improved service response times. It was acknowledged that there is concern about response times for two post code areas. There has already been a significant decrease in response times and there will be further improvements.

It was explained that the proposals are more attractive to staff and they will be working in the wider health community supporting GP's. Discussions have taken place with GP's and they are supportive of the revised proposals. Discussions have also taken place with staff and they are able to support the proposals. It is also hoped to make better use of the ambulance stations and this should link into improvements to the urgent care service. The PCT is committed to implement enhanced paramedic training and it is hoped to get staff in place as quickly as possible. It was stressed that whilst no decision has yet been made it was likely that option 3 of the proposed paper to be presented to the meeting would be recommended to the PCT Board and that all of the other issues in relation to on going monitoring and engagement would be in place. The PCT would deliver on making sure that this is linked to improvements to the urgent care service and reassured the public that there would be improvements to the service and this would be linked to significant investment in services.

Referring to the issues raised by the public the Committee were advised that there will be 13 additional community paramedic posts and that all staff will be community paramedics. An additional ambulance will be provided for Teesdale and a 4 wheel drive vehicle for Weardale. It was confirmed that the ambulance stations are remaining open. Agreement has been reached with NEAS for ambulances to return to the Dales immediately after transporting patients out of the Dales unless there is a category A call and the ambulance is the nearest. In relation to the provision of a 24/7 ambulance for St Johns Chapel it was explained that there will be a vehicle, either the ambulance or the four wheel drive, operating in and around St Johns Chapel on a 12/7 basis. The proposals are likely to lead to an increase to 50% for category A calls answered within 8 minutes and coverage of most of the Dales in 19 minutes with road condition caveats. In addition there will be an improvement in the sub post code areas including DL12 0. It was confirmed that the new service costs approximately £750,000 more than the current service. Recruitment to existing posts is underway and the recruitment of trained staff will continue which will be done on a phased basis. In relation to monitoring it was explained that a new monitoring group is to be established to include local leaders, public representatives, GPs, paramedics, NEAS and PCT staff.

The Weardale Ambulance Group reported that progress has been made on resolving this issue. It was explained N.E.A.S. wish to base the ambulance in Stanhope, but as the presentation will demonstrate, by nature of the way the ambulance network system works, the ambulance will inevitably be drawn to calls out of the dale.

When the ambulance is out of the dale the rapid response vehicle will cover the dale but this means there will be no means of transporting a patient to hospital. This will then leave the whole of the dale without transportation to hospital although it will give better response times for the NEAS average performance figures. Therefore the designation of this second vehicle and the geographical base for the ambulance remain contentious.

The rapid response vehicle is a welcome addition to what is now available but it will not facilitate taking a second call patient to hospital. If the second vehicle was capable of carrying a patient, travelling time to hospital figures would substantially improve. The rapid response vehicle will improve response time for reaching a patient but of course this will still be the case if the second vehicle is also a conveyance vehicle. As 75-80% of patients need to be taken to hospital, the appropriate transport is one capable of carrying a patient. If the ambulance is moved to Stanhope the vehicle will be used out of the area. It will as the PCT has acknowledged in their report be "pulled to the east of the A68." When this happens, patients in the dale experience longer waiting times. The out of hours issue is linked to the ambulance situation. Patients must travel to Bishop Auckland for out of hour's treatment. The PCT Report tells us that "responses at night are poorer with greater inconsistencies". The Group would like to see paramedics used in a triage role for out of hours patients.

Since the group's last presentation there have been 2 further developments:

- The possible closure of Bishop Auckland A&E Department and
- The procedural change for treating heart attack patients.

The former will result in the nearest A&E departments being at Darlington Memorial Hospital and the University Hospital Durham. This will entail a journey time of 1¼ hours. The journey to James Cook is 1½ hours at best. Taking into account the period for assessment by the paramedics, time for the ambulance to arrive, the golden 2 hour period for hospital admission is tight and does not allow for poor weather conditions or any other delays.

Population figures have been cited as a reason for relocating the ambulance to Stanhope. A study of Weardale proves that this argument is fundamentally flawed. The lower dale has the two main settlements of Wolsingham and Frosterley. The lower dale is relatively close to ambulance stations at Crook, Consett and Bishop Auckland as well as cover by the Weardale ambulance. Therefore the lower dale has multiple cover whereas the upper dale is served by just one ambulance. In relation to the population in the eastern part of the dale this mainly consists of villages. In the upper dale the population is more scattered and this will add to the delay in responding to emergency calls and it can be seen why the ambulance was based at St Johns Chapel.

It was put forward that mileage figures are a further piece of evidence which supports retaining St John's Chapel as the ambulance base. Combined with the Crook ambulance and using St Johns Chapel as the base for the Weardale ambulance gives better overall cover for the whole dale.

When Wolsingham at the lower end of the dale, is compared with Lanehead at the top end of the dale it can be seen why the ambulance station needs to remain in St John's Chapel. At Wolsingham the nearest ambulance is 5 miles away. The journey to Bishop Auckland is 10 miles. At Lanehead the nearest

ambulance when based at St Johns Chapel is 4 miles away. If it is relocated to Stanhope it will be 12 miles away and the journey to Bishop Auckland will be 29 miles. When the ambulance is based in Stanhope we know that it is out of the dale more often, so when the Weardale ambulance is out on call the next nearest ambulance to Lanehead is 24 miles away. This will then mean 24 miles to travel up the dale and then 29 miles to hospital. Beyond Lanehead is Killhope Lead Mining Museum. Killhope is remote; it is set in rugged terrain and has over 20,000 visitors a year. It is 6 miles from St Johns Chapel with a 31 mile journey to hospital. If the Weardale ambulance is out of the dale, it is a 26 mile journey for the Crook ambulance before the 31 mile journey to hospital.

The NEAS dynamic deployment system calls upon the nearest ambulance to attend a call. Our evidence has shown the problems which arise when the Weardale ambulance is called out of its area. There is evidence, from previous monitoring of call out locations and demonstrates that an ambulance based at Stanhope will more often be deployed out of the area than one based at St John's Chapel. An ambulance based at Stanhope is out of the dale 30% of the time compared to 11% of the time when it is based at St Johns Chapel. When this happens the whole of Weardale is left without ambulance cover. This situation will not be remedied by the provision of a second vehicle without capacity to carry patients. There is concern that it might encourage a greater use of the ambulance out of the area. The best way to provide 24/7 cover for the whole of Weardale is to have the ambulance based at St. Johns Chapel. Based on the evidence this is what has been proposed by the Weardale Ambulance Group.

The Group have looked at the situation as a whole and tried to maintain a balanced view. In an area of lower A&E activity it is important that the paramedics have a fulfilling community role. The Group's vision for the future is for the paramedics to be involved with the following:

- Triage management of out of hours calls
- Community First Aid Training
- Health Education and
- Community Support work - visiting patients with chronic or long term conditions - the elderly and any vulnerable individuals who live alone. Management of prescriptions for the terminally ill may be another support system which could be undertaken.

Under the PCT proposals Middleton-in-Teesdale will retain 2 ambulances but we seek clarification that it will operate from Middleton in Teesdale and will be deployed from there to work in the community in the upper dale.

The PCT state that there is a local service level agreement for Weardale and Teesdale. However the Group has knowledge about how the ambulance network system works and remains concerned about how this will work in practice.

The PCT has also stated that there will be a new stakeholder group with wider representation. The Group welcomes this as we believe that monitoring will be the key to demonstrating the effectiveness of the new service and call on this new group to accept nothing less than clear and appropriate evidence based on monitoring with clearly defined timescales for agreed targets.

It is not possible to monitor the effectiveness of the service for patients with the general statistics presently collected by NEAS. This needs to be much more precise.

- 5 digit postcodes must be used
- time, rather than targets must be recorded
- who responded first
- from where
- time taken to reach hospital
- % going to hospital
- what are paramedics doing in the community
- out of area activity and
- to ensure accountability, results must be published.

The Group asked that Members of Overview & Scrutiny ensures that the PCT not only keeps to its word but also to the spirit of giving rural communities an equitable service and that the PCT gives clear, unequivocal and precise written statements on what communities are being offered.

Cameron Ward responded by saying that the PCT had tried to take account of the views of the public. One of their proposals is the service is to be provided by paramedics who will be working with GP's in the community. He stressed that it is important that they are working with patients in the community rather than being based at stations. The PCT accepts that there are rural issues in terms of inequalities and will be addressing a range of rural health issues. In terms of statistics it was pointed that in urban areas covered by NEAS there is about one ambulance for every 20 to 30,000 of the population. In the dales there is approximately one ambulance for every 7,000 of the population. The PCT have tried to increase the number of vehicles and crews in the dales. At public meetings the PCT have acknowledged the need for monitoring and to making the information publicly available. Reference was made to the position of Bishop Auckland General Hospital which will be subject of a forthcoming consultation. In relation to the introduction of new services for the treatment of heart attacks it was explained that since the new services were introduced a few months ago patients have been transported to the Freeman Hospital and to James Cook Hospital. It is estimated that fourteen lives have been saved by taking patients directly to specialist centres.

Councillor Shuttleworth asked that the ambulance be based at St Johns Chapel and asked the Committee to recommend this to the PCT.

Councillor Bell asked that the proposals be provided in a detailed written format. He also said that it was important that an ambulance was based at Middleton in Teesdale ambulance station because it would prevent the vehicle from being drawn out of dale which was likely to occur if it was based at Barnard Castle. He also stressed that it was important there is monitoring and the provision of performance data.

Clarification was sought on the services to be provided by the paramedics in addition to the emergency services. Cameron Ward explained that the paramedics would be working closely with GP's and would be visiting patients and would try to prevent admissions to hospital by providing community services. He further explained that the main difference of view between the

PCT and public was in relation to the physical positioning of the vehicles. During the out of hour's period the four vehicles will be based at either Stanhope or Barnard Castle and during the rest of the time they will be at a variety of places working in the community.

Councillor Cooke suggested that better use should be made of the community hospitals in Barnard Castle and Stanhope to deal with minor injury cases to prevent unnecessary travel to A&E. Cameron Ward advised that the PCT is willing to enter into discussions with local GP's about the use of these facilities and the use of the existing ambulance stations for the provision of urgent care type of service. Councillor Cooke also asked how the PCT would decide at what time of the day the 12/7 service would be provided. It was explained that because there were only a low number calls for help in the dales it was difficult to decide when the 12/7 service should be provided. However the PCT would use all the information available to decide which are the best hours for this service.

Councillor Temple asked why it was proposed to base the Weardale ambulance at Stanhope and what was meant by the better use of existing facilities. Cameron Ward explained that evidence had been examined by NEAS and this suggests that during the out of hour's period the vehicles should be based at Stanhope and Barnard Castle. The remainder of the time they will be at a variety of locations providing a service to local communities and addressing individual patient needs. It was explained that there are buildings such as the community hospitals and the ambulance stations and they could be used to provide an urgent care service and the PCT are looking to explore this with local communities. Councillor Temple asked if the NEAS evidence on which they had decided to base vehicles at Barnard Castle and Stanhope could be provided for members of the Committee. It was agreed that this information would be provided to the Committee.

Members of the Committee put forward the following amendments to the recommendations set out in the report. That the following be added to recommendation (ii):

"Furthermore, based on the evidence it has received from the Weardale Ambulance Group, the base of the Weardale ambulance should remain at St Johns Chapel and that the base of the proposed 12/7 ambulance service should be at Middleton in Teesdale."

That the following the following amendments be made to recommendation (iii)

That the word "existing" be added to the second bullet point before ambulance stations and that the following bullet point be added to the recommendation:

"Monitors performance figures by postcode areas using actual time data and not just target compliance."

Resolved:

1. The JHOSC acknowledges the work that County Durham Primary Care Trust and the North East Ambulance Service has done with respect to the views and concerns of local residents affected by proposals to modernise rural ambulance services.

2. The JHOSC welcomes further investment in rural ambulance services and suggestions to increase the usage of existing ambulance stations to best effect to respond to the needs of local communities. Furthermore, based on the evidence it has received from the Weardale Ambulance Group, the base of the Weardale ambulance should remain at St Johns Chapel and that the base of the proposed 12/7 ambulance service should be at Middleton in Teesdale.

3. The JHOSC welcomes the proposal to establish a stakeholder group and looks forward to receiving the Terms of Reference of this group. The JHOSC suggests that this group should:

(a) Help to evaluate the implementation of service models and to shape the development of these services models where appropriate, ensuring poor performance is addressed.
(b) Has a specific role in relation to the further evaluation and costing of outreach urgent care and the potential for increased usage of the existing ambulance stations.
(c) Regularly reports to JHOSC on implementation of the new service models from the group.
(d) Monitors performance figures by postcode areas using actual time data and not just target compliance.

4. The JHOSC recognises that service models need to be implemented and that improved performance and responding to local community needs must be essential criteria. In line with this then, the JHOSC would like to see evidence of how effective the proposed service model, based on the preferred County Durham Primary Care Trust option, will deliver good health outcomes. The JHOSC will want to see evidence on the implementation and performance of the service model in 12-18 months time.