

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**North East Ambulance Service Working Group**

Notes of a meeting of the Working Group held on 8 March 2010.

- PRESENT:** Representing Darlington Borough Council:
Councillor Mrs Swift
- Representing Hartlepool Borough Council:
Councillor G Lilley
- Representing Redcar & Cleveland Council:
Councillor Mrs Wall
- Representing Stockton-on-Tees Borough Council:
Councillor Mrs Cains (Chair).
- OFFICERS:** J Bennington and J Ord (Middlesbrough Council) and P Mennear (Stockton-on-Tees Borough Council).
- PRESENT BY INVITATION:** North East Ambulance Service NHS Trust:
- Paul Liversidge, Director of Operations
Mark Cotton, Assistant Director of Engagement
Douglas McDougall, Tees Operations Manager.

AN APOLOGY FOR ABSENCE was submitted on behalf of Councillor Dryden (Middlesbrough Council).

INTRODUCTION – THANKS

Following introductions the Chair on behalf of the Working Group welcomed the representatives from the North East Ambulance Service NHS Trust and thanked them for the recent visit to their headquarters at Bernicia House, Newcastle-upon-Tyne.

NORTH EAST AMBULANCE SERVICE NHS TRUST - OPERATIONS

As part of a national review of ambulance trusts 31 services had been merged to form 11 larger ambulance trusts. Following such a merger the new North East Ambulance NHS Trust had been established in July 2006 and covered Northumberland, Tyne and Wear, Durham and Teesside involving five local authority areas. The main Trust headquarters were based at Bernicia House, Newcastle-upon Tyne. The contact centre in Monkton, near Hebburn, South Tyneside, which provided a mirror image of the current primary centre at the headquarters, had been operational since December 2009 and would be formally opened on 19 March 2010.

As part of the introduction reference was made to a number of pressures, which had impacted, on the service relating to: -

- a) Patient Lifestyles in terms of increased problems associated with smoking, alcohol abuse and obesity.
- b) Demography – an ageing population.
- c) Middlesbrough and Hartlepool featured high in the English Deprivation Index.
- d) High levels of disease such as chronic kidney disease, chronic obstructive pulmonary disease, epilepsy, hypo-thyroidism and heart disease.

The national review of ambulance services in 2006, which involved a reconfiguration of services, was part of a wider improvement of ambulance services, which included investment in new technology and improved the tracking of patients and ambulances.

Reference was made to recent initiatives under the heading of 'taking healthcare to the patient' which included: -

- i) co-ordinate increasing range of services for urgent care;
- ii) patients consistently receiving the right responses, first time, in time - ambulance service was working closely with the Primary Care Trust;
- iii) more patients treated in the community, closer to home not necessarily in hospitals;
- iv) greater job satisfaction for staff with increased training opportunities;
- v) more effective and efficient use of NHS resources.

Details were given of a Department of Health initiative for a pilot scheme to promote a single point of access telephone number. Since October 2009, Durham and Darlington areas had taken calls on a certain number that would be changed to 111 with effect from July 2010.

Graphical information was provided which showed changes to improved targets relating to call handling as a result of national strategies of: -

- 75% of category A calls answered within 8 seconds;
- 94% of category B calls answered within 19 seconds.

In response to increased demands and changes to the current service NEAS had: -

- a) 20 more people working in contact centres;
- b) more staff on double-crew ambulances from 750 to 813;
- c) more staff on rapid response vehicles from 58 to 96;
- d) five more ambulances and 11 more rapid response vehicles.

Graphical information was provided in relation to calls and cases attended over the period 2004 to 2009 which showed a continuing increase from 2008/2009 demonstrating the need for contact centres to be prepared to cope with the increased demands.

Reference was made to factors, which had shaped the current strategy, which had included: -

- i) NHS Pathways – currently the only Ambulance Trust operating an award winning triage system;
- ii) Hear and treat – an important role in determining if an ambulance is required or if the needs are best met by some other means, ensuring that the right clinician sees a patient at the right time;
- iii) See and treat – reference was made to the current pilot scheme for a single contact point;
- iv) Development of Paramedic skills – patients not always taken to a hospital but referred to an alternative care pathway, which best met the needs of the patient.

Members' attention was drawn to performance against the national standards across the Tees Valley and challenges facing the Trust.

Statistical information was provided of category A and category B performance and case mix for the period 1 April 2009 to 28 February 2010 which demonstrated the variances in terms of the different cases across the Tees Valley PCTs.

Reference was made to national clinical standards the information on which currently didn't demonstrate the impact of such issues as traffic circumstances, talking to crews and patients in determining the most appropriate action. It was noted that there was a particular focus on: -

- Myocardial Infarction
- Stroke and Transient Ischaemic Attack
- Hypoglycaemic attack

- Asthma
- Cardiac arrest.

An indication was given of ongoing work in terms of clinical targets and possible replacement of category B and also looking at patient outcomes and not just the ambulance response.

In terms of the next steps details were provided of the following: -

- a) operational review had commenced which would review the location of ambulance stations to ensure they were still fit for purpose and in the correct site;
- b) keen to develop integrated health care not just in rural areas but in urban areas such as operating from locations with the Fire Service;
- c) estates – as part of the operational review ensuring ambulance stations were in the correct locations;
- d) Quality Innovation Productivity Prevention – NS ensuring efficiency savings in the delivery of service and mindful that the number of calls was not likely to decrease.

For the Group's information a chart was circulated at the meeting which outlined the staffing resources and vehicles across the Tees Valley.

In commenting on the statistical information Members indicated the difficulty in comparing response times between urban areas and those of outlining villages. The Group was advised that response times in respect of outlining villages were not measured but the outcomes for patients was the important focus of attention.

Specific reference was made to rural areas such as Stillington and clarification sought on the respective PCT in terms of performance. An indication was given of ongoing work as part of the North Tees and Estate Strategy with the PCT and health professionals working together and examining service requirements in the community to best meet the need of patients. It was considered important to build up relations and develop protocols in shared facilities with GPs and medical centres where appropriate. Such developments had proved successful in the rural areas of Northumberland.

In response to clarification sought regarding the evaluation of the pilot scheme in respect of the single contact point it was noted that it was early days as it had only commenced in October 2009 and there was likely to be a national pilot in the summer 2010.

On behalf of the Working Group the NEAS representatives were thanked for the information provided.

NOTED