

Wiltshire County Council

Health Overview & Scrutiny Committee

17 May 2007

Update Report – Great Western Ambulance Trust / Health Overview & Scrutiny Committees – Meeting Held on 3 April 07 – For Information

Purpose of Report

1. To update the Committee on the meeting with Great Western Ambulance Trust (GWAS) that was attended by number of members on 3 April 07.

Background

2. The Great Western Ambulance Trust was formed in April 2006 following the merger of the old Wiltshire, Gloucestershire and Avon Ambulance Trusts.
3. During the last year there have been a number of media reports that services were under threat, particular the Air Ambulance in Wiltshire, which is shared with the Police Authority.
4. However, despite several attempts the Health Overview & Scrutiny Committee (HOSC) has not, until now, been able to secure a date to meet with the GWAS to discuss these rumours or any other aspects of their service development.
5. Eventually the Trust organised a meeting with all the HOSCs in its area – seven in total – spanning the geographical area of the Trust.

Key Points from the Meeting

6. The members of the Wiltshire HOSC who attended the meeting were:
 - Peter Biggs
 - John English
 - Mollie Groom
 - Jeff Osborn
 - Judy Seager
 - Roy While
 - Margaret White
7. The meeting was split into several presentations with questions and answers at the end of each session.

8. The Trust Chief Executive, Tim Lynch outlined the drivers for change as being:
 - Need to manage 999 calls
 - Need to begin to talk about managing patient outcomes
 - Demand for ambulance services is rising by 6% every year
 - Training for paramedics is not meeting demand
 - More demand for growth in primary/urgent care – not emergency care
 - NHS investment will reduce after 2008
 - Need better interface with primary care
 - Need to increase patient & public involvement
9. The Trust has to follow guidelines set out in “Taking Healthcare to the Patient”. The challenges are:
 - To maintain and improve response times
 - To link to other NHS organisations
 - To give the right care to 999 callers in terms of appropriate responses
 - To offer long term career pathways to staff
10. IT systems will need to be changed to support all of these developments. The benefits would be improved patient experiences and a reduction in emergency bed days.
11. If the challenges could be met it would also improve the point of contact for patients, develop more emergency care practitioners (ECPs), embed the service within primary care and become more cost effective.
12. Ambulance services may be affected by patchy out of hours cover, which would lead to a greater demand for emergency care. GWAS would like to become a dominant force within out of hours and urgent care, streamlining calls for GPs so that patients receive appropriate care.
13. Rachel Pearce, Director of Corporate Governance, spoke about Trust performance following the merger, which has increased capacity in both a managerial and clinical sense.
14. Gloucestershire PCT is the lead commissioner of ambulance services on behalf of the other PCTs in the GWAS area.
15. GWAS has seen a big increase in mental health calls, but often the individuals do not know how to handle these calls effectively for the benefit of the patient. The development of emergency care practitioners, who will work with and know how to contact, the community psychiatric nurses in the area, will improve outcomes for these patients.
16. In Gloucestershire there are integrated health and social care staff working in the ambulance control room, so callers can be directed to appropriate emergency teams if that is the best way of providing them with care.

17. There have been publicised problems with ambulance turn around times at acute hospitals and the Trust is trying to resolve these issues by working with the hospitals concerned. This will partly be dealt with by looking at whether a patient should really have left home in the first place, or whether they should be going into hospital as more of a planned admission.
18. The Trust is aware that the closure of some of the Wiltshire minor injury units will impact on demand for its services and it is intended that emergency care practitioners will take over some of this work. This would mean some people did not have to travel to a MIU or that ECPs could see some of the people who present at the remaining MIUs.
19. The Trust is clear that it must carry out an impact assessment with the relevant PCT when developing new services or planning changes to existing ones. However, there is likely to be great resistance to service changes in the community and the Trust will seek advice from other organisations that have already gone through this process in order to learn from past lessons.
20. Ambulances and paramedics are, rightly, held in high regard, but their services are not always delivered appropriately and this is where changes will be felt with ECPs being key in enabling this.
21. The Trust knows it is not delivering good enough services at the present time and its biggest concern is how to respond to the targetted 80% of category A calls in rural areas within 8 minutes.
22. Steve Webb, Director of Operations, spoke further about the need for change. Being a paramedic is going from being a trade to being a profession. The training used to be very militaristic, but a huge cultural change is taking place to change this, which is a huge challenge.
23. GWAS is looking to integrate its technology across the three counties. It operates a national protocol with neighbouring Trusts to ensure the nearest resource goes to a 999 call.
24. The Trust is trying to shrink parts of the call taking process to maximise the chances of getting to category A calls within the 8 minute target time.
25. There are dedicated 999 call takers who work according to mapped historical demand. The system that pages resources is automated and a data message tells them where to go.
26. The Trust is running a series of road shows to engage with staff, explaining why they need to change how they work to meet demand and take more healthcare to patients.
27. Through working closely with out of hours services it could be possible to bring together organisational and professional boundaries that need to be removed.
28. The Trust is hoping to be able to provide a presence at primary care centres and there is no reason these sites shouldn't be a base for paramedics and ECPS. But until these discussions have been held, no services will change.

Principles agreed at the end of the meeting

It was agreed by all present that:

- i. The members of the various HOSCs agreed that, where appropriate scrutiny committees would work together and form joint committees to scrutinise any issues that crossed boundaries.
- ii. That GWAS would attend HOSC meetings of particular local authorities when an issue only affected one council area.
- iii. That, when presenting service changes or developments to HOSCs the GWAS would involve PCTS and acute trusts where appropriate, and that they would attend HOSC meetings with representatives from these organisations.

Financial Implications

There are no financial implications to the County Council in this report.

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