

# North West Ambulance Service

Appendix B
Service Mass

NHS Trust

**OUR REF:** 

YOUR REF:

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Cllr J Oakes
Chair Ambulance Task and Finish Group
Rossendale Borough Council
Business Directorate
Democratic Services
Room 213
The Business Centre
Futures Park
Bacup

15 December 2015

**OL13 OBB** 

Dear Councillor Oakes,

### ROSSENDALE AMBULANCE REVIEW REPORT

Thank you sending me a copy of the draft Ambulance Review Task and Finish Group report. I acknowledge and very much appreciate the comments you have made regarding the help and support given by managers from the Trust.

I have discussed the contents and recommendations of the report with local team and have highlighted each of these below.

Before I address those recommendations — there are some overall points regarding the report in terms of accuracies which I would like to make.

- Page 5, Section 4.4 The normal daily activity for 111 should read approx. 4,000 during the week and between 8000-9000 at the weekend. All the other statistics are correct
- Page 6, Section 4.5, para 2 Community First Responders (CFR) only attend some or specific (not all) serious and life threatening calls.
- Page 8, Section 5, para 5.8 the statement that the majority of people attending the Emergency Department arrive by ambulance is incorrect. The majority of people that arrive at Emergency Departments self-present with 20-25% (rough estimate) arriving by an ambulance.
- Page 9, section 6, paragraph 6.1 regarding the statement 'training had to be dropped'. Ideally it should be worded to say that some training was temporarily suspended.
- Para 6.4 'NWAS do not take many patients to the Major Injuries Unit in Rawtenstall as the clinical pathway is restrictive'. I feel it is important to clarify that it's not the clinical pathway but the functionality, available diagnostics and skill mix of the unit which restricts access.

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Para 6.10 – Readmission to hospital is a complex issue and not binary (ie. unable to provide a
yes/no response). The readmission could be unrelated to the first episode of care or because the
patient has co-morbidities or awaiting further tests or interpretation of the test that discharge is
appropriate. The impact on response time would depend on the usual factors, time, response,
acuity, location, etc.

I appreciate that this report has already been issued to stakeholders, however, I feel it is important that these comments are noted before it is made public in the new year.

With regard to the recommendations made in your report, my responses are as follows:

# Major Injuries Unit (MIU) - Rossendale

We have been working locally with the Clinical Commissioning Group, in respect of NWAS staff making referrals to MIU at both Rossendale and Accrington. Briefings have been given to our staff to remind them to consider using this facility should the patient's condition meet the criteria. Extending the services within the unit would indeed assist the Trust, if more patients could be treated locally this would negate the need for ambulances to travel to hospitals further afield.

## **Specialist Community Paramedic**

Our local management team agree that a Specialist Community Paramedic based in Bacup would be advantageous however, limited funds for the current trial mean this is not possible at this time. It is something we may consider in the future.

#### Falls Team

As you are aware, the East Lancashire Falls Response Team has been relatively successful in helping reduce repeat calls and to improve the quality of life for patients remaining in their own homes. At the moment the team is only funded for 37.5 hours per week. I appreciate that you would like to see this extended, and if the Trust had access to additional funding, I would concur. In the past we have undertaken educational sessions with nursing and care homes to help prevent the inappropriate use of 999, this was able to take place due to additional project funding from Commissioners. As part of this project, we also produced an educational DVD which is available to those who request it and is available to download from our website.

# **Community First Responders (CFRs)**

The Rossendale CFR Team is a long-standing and well supported group and one of the largest within our region. The Trust provides training and support in the establishment of a CFR group, as well as basic equipment and uniform. There is a structured management team within the Trust which supports CFR teams in the North West but due to the large number of teams and CFRs who volunteer on behalf of the Trust, we unfortunately do not have the funding to provide administration support for them all.

## Acute Visiting Service (AVS)

At the moment there isn't a 24/7 AVS service available across the whole of East Lancashire, and is currently only available in Blackburn with Darwen. However, the local Clinical Commissioning Group is working with us to come to some arrangements to allow NWAS to refer patients during the day from across the whole of East Lancashire.

## **Hub and Spoke**

I understand that the local manager working with you did raise the possibility of having a station located at Royal Blackburn to speed up the restocking and cleaning of vehicles. Since then, the Trust has conducted some research into this, however, the final analysis didn't give us favourable performance with such a

move. The bulk of our activity is around Blackburn town centre and the research concluded that the preferred location is not too far from the current Blackburn ambulance station. However, it would be advantageous to extend the current facilities available to our staff at the hospital with regard to restocking.

## Marketing

I absolutely agree with you that a national advertising campaign would be hugely beneficial to ambulance trusts throughout the country. There is a definite misconception amongst the public about when it is appropriate to call 999 and then what that response should be. NWAS has a very active Communications team which regularly undertakes publicity campaigns to educate the public about what to expect from the Trust. This is usually in the form of social media and traditional media. This year, as we did the previous year, we have produced radio advertisements in the run up to Christmas. As you would expect, these are expensive but have been funded from winter monies. Unfortunately, the cost of TV advertising means that this is an impossibility for us. I would very much welcome further discussion nationally on a Government led campaign.

I hope these comments are helpful and I would be happy to address any additional points that arise from my letter.

I would like to have it on record that I am extremely grateful for the support you have shown NWAS, particularly during these challenging times of high activity. The review you have undertaken is a very positive example of partnership working with our stakeholders and gives us a useful perspective when planning future projects and campaigns. Honest and open dialogue is key to improving services and I hope we can continue to work together for the communities of East Lancashire.

Yours sincerely

**BOB WILLIAMS**Chief Executive