



OVERVIEW AND SCRUTINY – REVIEW OF THE NORTH WEST AMBULANCE SERVICE FOR ROSSENDALE

1. INTRODUCTION

Whilst Lancashire County Council has the statutory duty to scrutinise health services we are aware that because of the size of the county it cannot always look at detailed local issues. It was therefore agreed and accepted by County that Rossendale Borough Council would look at response times of North West Ambulance Service for Rossendale.

1.1 In November 2014, Overview and Scrutiny members received a presentation from the North West Ambulance Service and concern was expressed about Rossendale's response times, with the target for R1 (response within 8 minutes) being below target at 60.7% (75%). In relation to CAT A (response within 19 minutes), they were just below the 95% target at 94.9%.

1.2 Five members formed a task and finish group, these were:

Councillors Jackie Oakes (nominated Chair of the Group)
Caroline Bleakley
Colin Crawforth
Brian Essex
Gladys Sandiford

1.3 At the first meeting the task and finish group agreed the following Terms of Reference:

1. To seek the views of Rossendale people on their experiences with the emergency ambulance service (999).
2. To review Rossendale's performance of the North West Ambulance Service against Category R1 and Category R2 and A19 targets.
3. To review the current position/usage of the Community First Responders/Air Ambulance for Rossendale.
4. To undertake a visit to the following:
 - Rawtenstall Ambulance Station
 - Stacksteads Ambulance Station
 - The 111 service in Bolton and 999 Control Centre in Broughton
5. To make recommendations to the North West Ambulance Service on the findings of the task and finish group.

2. How we did it

- We held a scoping meeting in April 2015 and agreed the Terms of Reference (at 1.3)

- The Scrutiny Support Officer provided the Group with lots of information from the NWAS website which was helpful to the review.
- We met with representatives from East Lancashire CCG and North West Ambulance Service.
- We visited our 2 local ambulance stations in Stacksteads and Rawtenstall.
- We visited the 999 centre in Broughton and the 111 centre in Bolton.
- We had a tour of the Accident and Emergency Department at the Royal Blackburn Hospital and met with the Matron.
- We produced a survey and invited, through the local media and council website, those who have used the ambulance service within the last six months to complete the survey
- We invited representatives of the Community First Responders to a meeting.

3. Background Information – what we found out about NWAS

- 3.1 The North West Ambulance Service NHS Trust was established in July 2006, serving a population of 7m people and employs approximately 5,000 staff, with an annual income of £280 million.
- 3.2 NWAS receives 1.3million 999 calls per year and 1 million NHS 111 calls are predicted for 2015/16 and 1.2 million patient journeys in Cheshire, Lancashire, Merseyside and Cumbria.
- 3.3 Ambulance services nationally are required to achieve 75% attendance in 8 minutes for red calls (Cat A Red 1), which are immediately life-threatening and (Cat A Red 2) which is related to conditions that may be life threatening, but are less time critical. A third key indicator is for both Cat A calls (Red 1 and Red 2) which require that a vehicle capable of transporting a patient should arrive at the scene of an incident within 19 minutes.
- 3.4 Although there is no target for Green calls, which are categorised as non-life threatening, NWAS monitors these closely and endeavour to respond as appropriate with the aim for:-
- Green 1 calls – to reach the patient within 20 minutes
Green 2 calls – to reach the patient within 30 minutes
- 3.5 NWAS is not commissioned to meet 75% in localised areas, they are commissioned to deliver performance for the North West region as a whole rather than individual areas.
- 3.6 The top five calls, excluding those from a health care professional or 111 service are, falls; breathing problems; chest pain; unconscious/fainting and sick person.

- 3.6 The ambulance service has Specialist Paramedics dealing with frequent callers, with the Lancashire area having a person based in Accrington Ambulance Station covering the whole of Lancashire, including Rossendale.
- 3.7 NWAS have developed a training programme which is being delivered to Nursing and Care Home staff to empower and raise confidence when handling falls. The programme will deliver increased understanding of the appropriate care pathway in the event of a resident experiencing a fall, and how to manage falls within the home through assessing and monitoring residents.
- 3.8 North West Ambulance Service NHS Trust is applying to become an NHS Foundation Trust.

4. OUR FINDINGS

4.1 Care Quality Commission (CQC) findings

4.1.1 The CQC inspected the North West Ambulance Service between 19-22nd August and 26-27 August 2014. Their findings were published on 10th December 2014. The report highlighted both outstanding practices and identified areas for improvement.

4.1.2 Below are just a few of the key findings within the CQC report:-

- The service was clinically led and focused on patients and outcomes.
- The trust was only achieving one of the three key response time targets in 2014/15, although it did achieve all key national ambulance targets in 2013/14.
- Systems, processes and practices were used to keep people safe from harm.
- Staff treated patients and their families and carers in a caring manner with dignity and respect, and valued them as individuals.

4.2 Rossendale Ambulance Stations

Members visited the two local ambulance stations in Rawtenstall and Stacksteads and spoke to staff.

There is one full-time ambulance based at each ambulance station. There is also a part-time Rapid Response Car (RRV) based at Stacksteads.

There are 8 Whole Time Equivalent (WTE) emergency staff based at each station who are supported by East Lancashire Sector relief staff.

All ambulances and RRVs are despatched from stations, standby points or whilst mobile 24/7.

Both stations hold stock to replenish ambulances, although Stacksteads had a reduced stock level.

4.3 999 Call Centre, Preston

NWAS deals with more than one million emergency calls a year. These are dealt with by emergency control centres across the North West of which there are three. The task and finish group visited the local one to Rossendale, which is based in Broughton, Preston.

Each call centre consists of a call taking suite in which the 999 calls are taken and a dispatch centre, from which the most appropriate and nearest vehicle to the incident is dispatched to the patient. While each of the control centres will primarily take calls from those people in the surrounding areas, if the nearest control centre is inundated by 999 calls, the call will be taken by the first available operator across the region. The vehicles, however, are always dispatched by the local dispatch centre.

The centres have a call pickup target which is set nationally and aims to answer 95% of all 999 calls within five seconds. NWAS has one of the best pick-up rates in the country.

4.4 NHS 111 Call Centre, Bolton

Following the completion of the NHS 111 North West Service Procurement process which began in October 2014, North West Ambulance Service NHS Trust (NWAS) was announced as the preferred provider for the North West Region to deliver the NHS 111 service with a five year contract term, beginning in October 2015.

The task and finish group visited the NWAS NHS 111 service in Bolton, Greater Manchester.

The North West service handles all direct dialled 111 calls arising in Cumbria, Lancashire, Greater Manchester, Merseyside and Cheshire, as well as GP out-of-hours calls arising from GP surgeries in East Lancashire, Blackburn with Darwen, Warrington and Salford.

The normal daily activity for week days is approximately 4,000 calls and at weekends rises to between 8,000 - 9,000 each day.

Some callers focus on calls for surgery or pharmacy opening hours and general health advice. These are dealt with without a formal triage and make up about 10% of all calls. The remaining 90 per cent are answered by an NHS Pathways trained call handler. The patient's presenting condition is assessed for priority symptoms, and if high risk symptoms are described, the patient may be sent an emergency ambulance or have an assessment from a clinician.

Around 11% of triaged calls are sent an emergency ambulance response. Of these, about 45% are Red 2 and 45% are Green 2 responses. The remainder are made up from Red 1 and Green 3 and 4 responses. A further 8% of patients are advised to attend Emergency Departments themselves.

If lower graded calls (greens) were treated in the right way, it would free up ambulances for those in more need (red calls).

4.5 Community First Responders (CFRs)

Community First Responders are volunteers who give their time freely to help care for people and save lives in their community.

First Responders provide support to the regular Ambulance Service by attending 999 calls in and around the community to provide the earliest possible intervention for patients in the first few minutes until the arrival of an Ambulance.

The ambulance service dispatcher is able to send Community First Responders to a range of incidents; they are dispatched at the same time as the ambulance crews but because they are often in more rural areas can often arrive before the ambulance.

Over half of the Rossendale team have now undertaken an additional 6 months training to become Enhanced CFRs (ECFR). This enables them to attend a greater variety of incidents including trauma. The ECFR model is only three modules short of the Emergency Medical Technician 1 course.

Rossendale currently has 26 qualified CFR, with 6 additional CFRs trained and awaiting completion of the vetting process. Rossendale has the highest in East Lancashire (Burnley 12, Padiham 2, Colne 4, Blackburn with Darwen 12 and Accrington 6).

There have been numerous recruitment campaigns but they struggle to get volunteers, especially from the Weir and Crawshawbooth areas. A recent campaign took place over a 10 week period with adverts in press and The Journal and there was still a low response. Ideally they would like semi-retired, retired or shift workers, homemakers - perhaps those with school age children with daytime availability, to become CFR as they are available during the day.

Training of volunteers has relatively low costs, due to Fearn Community Sports College allowing the use of their room free of charge and training is undertaken in-house by volunteer Field Trainers. Following 4 days initial training and assessment by Paramedics, the CFR then goes out for a 12 hours shift with an ambulance crew. The team also meets fortnightly at Fearn Community Sports College for further refresher training.

Rossendale CFR function as one team, but due to the geography of the area, the Borough is divided into East, West and Centre, with a number of kits in each area. A weekly rota is prepared which includes the area of the Valley being covered by a CFR/ECFR. There are 16 kits and the person last on duty would go online to look who within their area was next on duty and take the kit/pager to them.

CFR undertake their own fundraising for such things as 'pagers', with kits provided and replenished by NWSA. Fundraising events provide an opportunity for the CFRs to talk to the public about their role. Some people who are thinking about a future in the ambulance service may attend CFR training and realise that the ambulance service is not for them. Others who are CFR may then progress to become Paramedics or otherwise work within the NHS. Others join to be CFR/ECFR simply to give something back to their communities, having successful careers (current and previous) elsewhere.

Some CFRs work with schools and various public campaigns to educate people on Basic Life Support, including when people should be calling the ambulance service. This is also the role of the Community Paramedic.

There was discussion on the administration and recruitment process of CFR, which was a lengthy process. The group understood the need for a robust process, but felt a more timely system was paramount as the delays of months being experienced could lose valuable recruits.

4.6 New Community Specialist Paramedics (CSPs)

North West Ambulance has developed a new Community Specialist Paramedic (CSP) role, the first of its kind in the UK, whereby individual clinicians work more closely with communities to help deliver more locally co-designed models of care.

The CSP would work with GP practices to manage frequent callers, to provide community care pathways for patients with chronic medical conditions and to aid the primary care telephone triage of patients.

CSPs are co-located with a local primary or community care facility such as a GP Practice, Health Centre or Community Hospital and will remain in the community on a permanent basis.

The scheme will offer patients and the community the opportunity to have a say in how care is delivered by their local ambulance service. In the longer term this will result in increased care delivered closer to home, with a reduction in 999 demand and unplanned hospital admissions.

There are 12 communities within the region which have been identified for the scheme, and are a mix of remote rural, rural and urbanised areas. Pendle is the only one in East Lancashire.

4.7 Community Views

Task group members spent a day in Rawtenstall Primary Health Care Centre talking to the public asking if they had used the ambulance survey in the last six months and if they had they were asked to complete a short survey seeking their views on the service.

Of the 27 who answered yes, 26 had to be taken to hospital, with 20 being taken to the A & E at the Royal Blackburn Hospital, but only one had to wait on the hospital corridor for 10-20 minutes.

Eighteen of the people were extremely satisfied with the service, six were satisfied, 1 unsatisfied, 2 did not answer.

5. VISIT TO THE ACCIDENT AND EMERGENCY DEPARTMENT AT THE ROYAL BLACKBURN HOSPITAL

- 5.1 On arrival at the Royal Blackburn Hospital Accident and Emergency Department there were only 4 ambulances outside the department, which we were told was unusually quiet for 1.30pm on a Monday.
- 5.2 Before walking around the department we met with the Matron in charge along with a Paramedic and Officers from the Clinical Commissioning Group.
- 5.3 The A & E at Blackburn is the busiest in the North West, the busiest day in June 2015 receiving 145 ambulances and the busiest in July 2015 receiving 148. On Friday, 24th July the department had an exceptionally busy day receiving 27 ambulances between 1.40pm and 4.10pm.
- 5.4 East Lancashire Hospital Trust can be fined if an ambulance handover is delayed over 30 minutes (£200) and over 60 minutes (£1000). Time begins when a pin number is put into the system on arrival at the department. Currently, they aim to clear the handover in 15 minutes, although sometimes they manage to transfer in 11 minutes.
- 5.5 The A & E department had 15 major cubicles, one mental health room, 8 resuscitation cubicles, separate paediatric department and an Urgent Care Centre (UCC) located on the ED site. The department also has 4 rapid assessment cubicles to receive patients who arrive by ambulance. There are 3 Registered Nurses and 1 band 3 nurse caring for these patients at peak times.
- 5.6 Due to the number of ambulances arriving in the department, patients sometimes have to wait on trolleys in the corridors. This in the main is due to either the number of ambulances arriving within in a short time frame or if there are no beds in the hospital with patients on wards waiting to be discharged.

- 5.7 Members were also informed that nationally it has been found that about one third of patients attending did not need to be at the A & E, but knew they would be seen.
- 5.8 The majority of people attending the Emergency Department who arrive by ambulance are usually acutely unwell. On an average day they are seeing around 127 patients.
- 5.9 People attending the Urgent Care Centre usually attend with minor injury or illness and are triaged as to where the safest place to be seen is, i.e. ED, UCC or GP. There is also a GP on-site between 2-11pm every day.
- 5.10 Police are on duty in the A & E department Friday-Monday evenings, with security having a presence as and when required.
- 5.11 There was discussion about the rationale for an ambulance station to be situated within the hospital grounds, which would free up time taken for ambulances to have to go back to a station for replenishing/cleaning of the vehicles.
- 5.12 During discussion with the ambulance staff, a comment was made about the possibility of the x-ray department at the minor injuries unit in Rawtenstall increasing their opening hours, which would fit in with the opening times of the MIU unit (8am-8pm, 7 days per week).

6. GENERAL

- 6.1 There was a massive rise in ambulance activity over the last 12 months and in order to focus on improvements, training was temporarily suspended, this occurred nationally. There is a big recruitment drive to employ new staff in readiness for the winter months, when demand for the ambulance services increase significantly.
- 6.2 NWAS are looking at commissioning extra resources e.g. the Rossendale paramedic car was used part-time (12 hrs Thursday to Sunday with reduced availability Monday – Wednesday), but NWAS are now looking to increase the hours to 12 per day, 7 days per week.
- 6.3 There are, at peak time, 8-9 ambulances at Royal Blackburn at any one time because the Royal Blackburn is the busiest hospital in the North West. On the odd occasion there had been 13 ambulances.
- 6.4 NWAS do not take many patients to the Minor Injuries Unit (MIU) in Rawtenstall as the functionality, available diagnostics and skills mix of the unit is quite restrictive. If a patient requires treatment that isn't available at the MIU then they will normally be conveyed to an Urgent Care Centre (e.g. Rochdale, Blackburn or Burnley), or an Emergency Department.

- 6.5 It was felt that increasing the x-ray opening hours at Rawtenstall to weekend opening from 8am-8pm would be useful.
- 6.6 East Lancashire Medical Services (ELMS) provides NWAS with a Paramedic Pathfinder GP referral service across the whole of East Lancashire during the out of hours period (evenings, night, and weekends). NWAS clinicians can also refer appropriate patients to an Acute Visiting Service (AVS) in the Blackburn and Darwen areas during the daytime. NWAS would like the Paramedic Pathfinder GP referral service to be extended to provide 24/07 access across the whole of East Lancashire.
- 6.7 In relation to calls originating from Nursing Homes in Rossendale, between April 2014 and June 2015 calls relating to falls in these nursing/care homes was 144, which was 13% of all calls (1079) from Nursing/Care Homes. An Occupational Therapist and Paramedic might attend to assess a situation as to why the fall occurred.
- 6.8 NWAS have a Specialist Paramedic based in Accrington covering the whole of Lancashire who deals with frequent callers.
- 6.9 NWAS is working with partner agencies to ensure where ambulance stations need upgrading the option of shared facilities is fully explored to provide value for money and facilitate collaboration. This has been possible in a number of locations across Lancashire with Rossendale currently located within the Rossendale Health Centre.
- 6.10 The Group have tried to ascertain whether re-admissions to hospital could impact on ambulance response times, but this information has been not received. (The formal response received from the North West Ambulance Service appended to this report provides an explanation regarding the reasons for this).
- 6.11 In relation to NWAS staffing, with winter resilience funding they can increase staffing for winter pressures. The Rapid Response Vehicle (RRV) at Stacksteads works 7 days a week, however it is only funded for 3 x 8 hour shifts and 4 x 12 hour shifts. NWAS are looking to see if they can increase this to 7 x 12 hour shifts for the winter period.

7. CONCLUSIONS

- 7.1 There are enormous pressures beyond the control of NWAS, such as queuing at the A & E department and not all transported patients need to be taken to A & E.
- 7.2 It was apparent that there is lots of confusion by the public on what number they should be ringing for what service and where they should be going to be treated (MIU, UCC, A & E, GPs).

- 7.3 Having visited the Accident and Emergency Department at the Royal Blackburn, members agreed that money was needed to expand this department as a matter of urgency. Whilst we understand there is a review of this service, urgent discussion was required within the East Lancashire Hospital Trust to look at how improvements can be made, including increased rapid assessment rooms and additional staffing to ease up ambulance transfers. (see 5)
- 7.4 East Lancashire Hospitals Trust and NWS are both fined for late transfer of patients at the Royal Blackburn A & E Department. Whilst the group were not aware of the full costs of such fines, surely it would be beneficial to recruit additional staff within the department to alleviate those fines.
- 7.5 Concern was expressed about signage to the MIU at Rawtenstall, which was almost non-existent, there being only one 'flag-sign' opposite the building. It was agreed that signs need to be erected at Rawtenstall Centre and possibly in the Bacup area to highlight the location of the MIU.
- 7.6 The task group were disappointed that although they have asked for the up to date performance targets for Rossendale, they were given targets for the whole of East Lancashire and therefore the group was unable to come to any clear conclusion as to whether performance targets had improved since they were first presented to the Overview and Scrutiny Committee in November 2014.

8. RECOMMENDATIONS

North West Ambulance Service/CCG/Government

- 8.1. That more marketing and communicating is required to educate the public on the correct number to ring and highlighting the fact that not everyone who rings 999 will always get an ambulance. Therefore, NWS, the CCG and the Government should look at undertaking a joint national media campaign which highlights the unnecessary use of the ambulance service and explaining the alternative services available (see 7.1). A suggestion was made to again include this information in local council tax bills when they are sent out in February/March.

North West Ambulance Service

- 8.2 Consideration should be given for a Community Specialist Paramedic to be employed within Rossendale, with Bacup Health Centre being the ideal location to cover the East of the Borough. (see 4.6).
- 8.3 That work involving falls patients should be extended to enable more preventative work to be undertaken alongside nursing home staff. (see 6.7)

- 8.4 Funding should also be made available to employ, at least on a part-time basis, an additional member of staff in Community Resuscitation Team/Human Resources, to ensure a more rapid administration of the recruitment process (4.5).
- 8.5 That NWAS examine the Directory of Services on the 111 system to ensure people who ring 111 are directed to the nearest, most appropriate facility that reflects services locally to Rossendale.

Clinical Commissioning Group

- 8.6 That improved dialogue is required between the CCG and NWAS to look at exploring the possibility of commissioning a dedicated Paramedic Pathfinder GP referral service (AVS) across the whole of East Lancashire on a 24/7 basis (see 6.6).
- 8.7 Whilst the task group understand that an essential uniform is provided to the CFRs, who play a key part of the Ambulance Service in Rossendale, the CCG as Commissioners of NWAS should provide assistance to CFRs to enable them to purchase such items as pagers, as it was agreed that, as volunteers, they should not have to fund raise to ensure they obtain the vital items/equipment required to support this role (4.5).

East Lancashire Hospitals NHS Trust

- 8.8 That East Lancashire Hospital Trust look at providing additional resources to enable the x-ray department at the MIU in Rossendale to commence weekend working 8am-8pm, so that the service is available 7 days per week (see 5).
- 8.9 Whilst the task group understand there is a rationalisation programme being undertaken, urgent consideration should be given for moving the ambulance station from Blackburn Town Centre to a location on the Royal Blackburn Hospital site. A letter should be sent to local MPs asking them to support this and highlighting the fact in Parliament that the Royal Blackburn Hospital is the busiest emergency department in the North West (see 5).
- 8.10 Whilst the A & E at Blackburn was deemed 'fit for purpose' when it was first built, since the merger with Burnley, this is no longer the case. Therefore, consideration should be given to exploring the possibility of extending the building, where possible, to meet the demands of the service.

Lancashire County Council/Highways

- 8.11 That LCC and the Highways Department look at providing appropriate signage at both ends of the Borough (Rawtenstall and Bacup) to highlight the fact that Rawtenstall has a Minor Injuries Unit (7.5).

Chair's Thanks

Thanks and appreciation to all those who supported the task and finish group with this review, especially Ian Walmsley and Richard Peters from the North West Ambulance Service.