Joint Health Overview and Scrutiny Committee

Report on the Westcountry Ambulance Services NHS Trust Modernisation proposals

September 2005

Preface

The three local authorities involved in this review all recognise the importance of the ambulance service being configured to best deliver the range and quality of services required to meet the needs of patients. It is also recognised that this modernisation process and 'Taking Healthcare to the Patient' transformation is a nationally-driven initiative.

Time is crucial in an out of hospital medical emergency. The Ambulance Service aims to reach over 75% of immediately life threatening "Category A" calls within 8 minutes, but the rural nature of the South West means that responding to emergencies and meeting these targets is even more challenging. Another way of reaching patients within the crucial 8 minutes window necessary to save life is through first and community responders, which is also a key part of the modernisation plans and one of the issues that has had attention drawn to it during this review.

The Joint Health Overview and Scrutiny Committee is fully supportive of the Westcountry Ambulance Services NHS Trust in introducing and implementing modernised ways of working. Many of the areas of concern regarding the modernisation proposals were common to all three local authorities, and this report sets out the conclusions and recommendations. A key recommendation is that the conclusions become the starting point for a continuing dialogue of communication on local health matters.

Members of the Committee look forward to working in the future with the Ambulance Trust. They would also like to thank Members, the Westcountry Ambulance Service NHS Trust and other NHS organisations, and Council Officers who have supported this joint health review process.

Councillor David Salter
Vice Chair
Health and Well Being
Overview and Scrutiny Panel
Plymouth City Council

Councillor Jean Cope
Chairman Health Scrutiny Board and Scrutiny Lead Member on Social Care and Health
Torbay Council

Councillor Stephen Martin-Scott
Chairman
Health Scrutiny Sub-Committee
Somerset County Council

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Glossary

A&E – Accident and Emergency

Committee, Joint Committee, JHOSC – Joint Health Overview and Scrutiny Committee

DCC – Devon County Council

ECAs – Emergency Care Assistants

ECPs – Emergency Care Practitioners

FLV – Front Line Vehicle ('traditional' two manned Ambulance)

PCC – Plymouth City Council

PCT – Primary Care Trust

RRVs – Rapid Response Vehicles (emergency response vehicle manned by one person (eventually all will be Emergency Care Practitioners))

SCC – Somerset County Council

SWPSHA – South West Peninsula Strategic Health Authority

SHA – Strategic Health Authority

TBC – Torbay Borough Council

Trust, WCAS – Westcountry Ambulance Services NHS Trust

Joint Health Overview and Scrutiny Committee Membership

Plymouth City Council Members

Councillor Coleman
Councillor Kerswell
Councillor Miller (substitute for Councillor Mrs Aspinall for the meeting on 12 July 2005)
Councillor Dr Salter (Chairman for the meeting on 12 July 2005)

Somerset County Council Members

Councillor Brooks
Councillor Clark
Councillor Mrs. Parsons
Councillor Martin-Scott

Torbay Borough Council

Councillor Bye
Councillor Cope (Vice Chair for the meeting on 12 July 2005)
Councillor Doggett (apologies received for 12 July 2005 meeting)
Councillor Stocks

Meetings

The Joint Health Overview and Scrutiny Committee (JHOSC) made up of Devon, Plymouth, Somerset and Torbay Councils met on 27th June 2005. Following Devon County Councils formal withdrawal from the Joint Health Overview and Scrutiny Committee it re-formed at a separate meeting on 12th July 2005.

1.0 SUMMARY

1.1 A Joint Committee of the three Councils and Devon County Council met on 27th June 2005 but following the presentation by the Chief Executive of the Trust, Devon County Council formally withdrew, with immediate effect, from the Joint Committee.

1.2 Plymouth City Council, Somerset County Council and Torbay Borough Council re-constituted as a Joint Health Overview and Scrutiny Committee on 12th July 2005 under the Terms of Reference (Appendix 1) to examine the Westcountry Ambulance Services NHS Trust proposals to modernise their services and the consultation process set up for it. The Committee was chaired by Plymouth City Council, with the Vice Chair from Torbay Borough Council.

1.3 At the meeting and following the appointment of the Chair and Vice Chair, the Vice Chair (Councillor Cope, Torbay Borough Council) put the following proposal to the Committee, which was seconded by Councillor Kerswell (Plymouth City Council) –

RECOMMENDED: that in the light of –

(i) the contents of the recent publication of the Department of Health entitled "Taking Healthcare to the Patient – Transforming NHS Ambulance Services";

(ii) the acceptance in principle by UNISON of the Ambulance Trust's modernisation programme;

(iii) the impracticality of operating the new arrangements in Devon and Cornwall alongside existing arrangements in Plymouth, Somerset and Torbay;

further consultation on the Ambulance Trust's proposals be not pursued.

However, the Joint Committee considers that it has an important role in ensuring that any new proposals are in the best interests of the public and do not give rise to concerns for patient care. To this end, the Trust be requested to –

(i) respond to the concerns which have been raised by each of the local authorities comprising the Joint Committee at this meeting;

(ii) report back to the Joint Committee on a six monthly basis on the implementation of its modernisation programme.

The 12th July 2005 Joint Committee questioned the Westcountry Ambulance Service NHS Trust regarding the updated proposal information that the Trust had provided to the individual Overview and Scrutiny Committees and Members before, and since, 27th June 2005. The full details of the issues discussed and the Committee's conclusions can be found in the main report.

Following the discussions, the Committee made the following recommendations –

Recommendation 1: the Committee recommends that the Westcountry Ambulance Services NHS Trust implement the proposed modernisation arrangements in the area of operations in Plymouth, Somerset and Torbay alongside existing arrangements already agreed in Cornwall and Devon.

For the attention of: Westcountry Ambulance Services NHS Trust

Recommendation 2: The Committee recommends that the Westcountry Ambulance Services NHS Trust report back to the Joint Health Overview and Scrutiny Committee on a six monthly basis on the implementation of its modernisation programme, with the first of such meetings to be held in October 2005.

For the attention of: Westcountry Ambulance Services NHS Trust

The Committee was very appreciative of the time and effort put in by the Ambulance Service, including senior management, in attending and presenting information at Committee meetings during the course of the consultation and Joint Committee process.

2.0 INTRODUCTION

Cornwall County Council, Devon County Council, Plymouth City Council, Torbay Borough Council and the Isles of Scilly Council have all agreed that they will form Joint Health Overview and Scrutiny Committees as required to consider proposals relating to substantial variations or developments in health matters that span the south west peninsula. As the Westcountry Ambulance Service NHS Trust provides ambulance services to local authorities across two Strategic Health Authorities: Dorset and Somerset and the South West Peninsula, agreement was also reached with Somerset County Council regarding the formation of a Joint Health Overview and Scrutiny Committee prior to the formation of this Joint Committee. At an early stage, Cornwall County Council and the Isles of Scilly Council decided not to take part in this Joint Committee as they considered that none of the proposals were substantial for them. Devon County Council decided in April 2005 that the proposals were substantial for them, but they subsequently formally withdrew from the Joint Committee during the meeting held on 27th June 2005. The Joint Committee re-constituted and met again on 12th July 2005.

2.1 Membership

2.1.1 The membership of the Committee re-constituted on 12th July 2005 was as follows:

Plymouth City Council Members
Councillors Coleman, Miller (substitute for Councillor Mrs. Aspinall), Kerswell, and Dr. Salter.

Somerset County Council Members
Councillors Brooks, Clark, Mrs. Parsons and Martin-Scott.

Torbay Borough Council Members
Councillors Bye, Cope, Doggett and Stocks.

It was agreed at the meeting on 12th July 2005 that Councillor Dr. Salter from Plymouth City Council would chair the meeting and Councillor Cope from Torbay Borough Council would vice chair the meeting.

2.2 Working Arrangements and Process for Formal Consultations

2.2.1 The working arrangements (Appendix 1) and process for formal consultations (Appendix 2) for the Joint Health Overview and Scrutiny Committee had been developed at an earlier informal meeting and were adopted by the Committee on 12th July.

2.3 Scrutiny Process

2.3.1 South West local authorities became aware during 2004 that the Westcountry Ambulance Services NHS Trust intended to modernise how they delivered services. This process was driven by national initiatives, the NHS Agenda for Change pay and NHS modernisation programme, that required the implementation of new ways of working to best deliver the range and quality of services required to best meet the needs of patients.

The aim of the modernisation programme is to assist in the goal of achieving a quality workforce with the right numbers of staff, with the right skills and diversity, and organised in the right way. The Agenda for Change pay system applies to all directly employed NHS staff (except very senior managers and those covered by the Doctors' and Dentists' Pay Review Board)

Although the requirements of the NHS Agenda for Change were clear, the Ambulance Trust could only begin design of the new service structure from January 2005, when it knew what funding would be available. The changes were budgeted to take effect from 1 April 2005 and during the course of the review the Councils were advised that each month's delay would have significant implications for the Trust's budget. The Ambulance Trust made every effort to consult on the change proposals during the first half of 2005 and some of the delays in forming the Joint Health Overview and Scrutiny Committee were attributable to the Government elections, which in some cases delayed the scrutiny process.

From January 2005, Westcountry Ambulance Services NHS Trust prepared and presented Impact Assessments to local authority health overview and scrutiny committees. These impact assessments detailed the proposed changes in localities across the different county and unitary areas, and included information on consultations, staff briefings and public events. The outcomes of these Council meetings, held between February and April 2005 were that –

- Cornwall County Council's Health and Social Care Overview and Scrutiny Committee recognised that the proposed changes were a major issue in an already established policy but not a substantial change. The Committee requested to receive a further report from WCAS on the outcomes and implications of the changes in the Autumn (2005)
- Plymouth City Council's Health Overview and Scrutiny Panel, Somerset County Council's Health Scrutiny Sub Committee, Torbay Council's Health Scrutiny Board and Devon County Council's Health Overview / Scrutiny Committee all decided that the proposed developments constituted a substantial variation/change and to be party to any joint health scrutiny arrangements on the proposals.

Devon County Council's decision on the substantiality of the proposals was taken on 14 April 2005 (WCAS had originally hoped to implement the new proposals from 1 April). With County Council elections imminent in Devon and Somerset at this time, there were very limited opportunities to form and convene a Joint Health Scrutiny Committee. As such, Plymouth City Council (primarily as lead) and Torbay Council made arrangements so that the first formal meeting of the Joint Health Scrutiny Committee could be held as soon as possible after the elections and the annual meetings of the Councils. Part of this planning process involved the Ambulance Trust preparing a Joint Impact Assessment covering all the issues presented to the individual Councils and addressing the grounds given by the OSCs for the modernisation proposals being a substantial variation/change.

A first meeting of the Joint Health Overview and Scrutiny Committee was held on 27th June 2005, but the formal withdrawal of Devon County Council from the formal joint health scrutiny process after the presentation to the Joint Committee by the Chief Executive of the Trust resulted in the Committee being re-constituted on 12th July.

2.3.2 All Councils who participated in the Joint Health Overview and Scrutiny Committee were supportive of the Trust's implementation of a modernised service, recognising that the Agenda for change and modernisation programme was a national initiative. However, there was general concern and disappointment that adequate detailed

information (for example, specifics of proposed changes to delivery of services, local authorities and areas affected) and consultation had not been provided at an early enough stage in the development of the consultation process. It was also troubled by the general lack of knowledge by the Trust of what was required of them under the Health and Social Care Act 2001 and of the workings of local Government e.g. Committees and frequency of meetings, elections and annual meeting requirements.

While Councils and the Joint Committee recognised the complexities of planning and delivering new service delivery arrangements in a region as diverse and large as the south-west peninsula, it was felt there was a need for earlier and more careful consideration to ensure that non-NHS stakeholder and overview and scrutiny committees were engaged as soon as is possible and practicable in the service planning and decision-making process. Such early action would have allowed the Joint Health Overview and Scrutiny Committee to meet prior to the 2005 elections and not then led to the anxieties surrounding budgetary pressures resulting from a failure to be able to implement the modernisation proposals from 1 April 2005.

3.0 BACKGROUND: CHANGES IN THE WAY AMBULANCES DELIVER CARE

3.1 The implementation of the Agenda for Change pay[1] and NHS modernisation programme aims to introduce a new way of working which best delivers the range and quality of services required to best meet the needs of patients. The agenda will include significant investment in the ambulance service and staff with the expectation that this will deliver increased flexibility, modernisation, new ways of working, and increased productivity and responsiveness.

3.2 The modernisation programme aims to assist in the goal of achieving a quality workforce with the right number of staff, with the right skills and diversity, and organised the right way. The Agenda for change pay system, as it applies to ambulance staff, covers new staff terms and employment conditions including length of working week, leave and time off benefits, overtime, travel, enhancements for unsocial hours and remuneration.

3.3 Following a year long review into England's ambulance services, Health Minister Lord Warner announced on 30 June 2005 'changes to revolutionise the way in which ambulances deliver care across the country'. These changes over the next 5 years include –

- Faster response times to save more lives
- Better advice over the phone
- More care in home
- More treatment at the scene
- Home visits for better health

The review of ambulance services also proposed to strengthen ambulance services with an associated reduction of at least 50% in the number of ambulance trusts. Ambulance Trusts will also be supported in preparing themselves to move towards Foundation status.

[1] Agenda for Change applies to all directly employed NHS staff, except very senior managers and those covered by the Doctors' and Dentists' Pay Review Body. A collective agreement was reached with the NHS unions at the NHS Staff Council on 23 November 2004, following the completion of a second ballot process by some unions. Agenda for Change is being rolled out nationally from 1 December 2004, with pay and most terms and conditions backdated to 1 October. The aim is for 100% assimilation (less those who wish to remain on local contracts) by 30 September 2005.

4.0 SUBSTANTIAL ISSUES

4.1 Westcountry Ambulance Services NHS Trust prepared and presented Impact Assessments to local authority health overview and scrutiny committees between February and April 2005. Following the Council meetings, the Councils stated their concerns and reasons for deciding the Trust's modernisation proposals were a substantial variation / change. These are summarised as –

Plymouth Health Overview and Scrutiny Panel

Changes in accessibility of services

- Derriford Cover Analysis: reduction in Front Line Vehicle coverage
- Other Areas Coverage Analysis: likelihood of changes to the level of services to Tavistock, South Hams area, East Cornwall area, Okehampton and Launceston impacting on Plymouth services
- Community Responders: operability with other emergency services, community volunteers / responders
- Lone Staffing Issues: concerns regarding patient/staff safety, and ability to cope in comparison to front line (double staffed) vehicles

Impact of the Proposals on the Wider Community

- Training and skills of Emergency Care Assistants
- Delays for critically ill patients being transported to hospital
- Level of consultation undertaken
- Information sharing / co-operative working undertaken with Devon Fire and Rescue Service

Torbay Health Scrutiny Board

- The reduction of front line ambulance cover in Paignton and Brixham
- The reduced level of service in nearby areas (Ashburton, Dartmouth, Dawlish, Newton Abbot and Totnes) would act as a drain on Torbay's local services
- Potential delays for critically ill patients being transported to hospital
- Lone Staffing Issues: concerns regarding patient/staff safety, and ability to cope in comparison to front line (double staffed) vehicles
- Depth of consultation with OSCs, PPI Forums and staff

Somerset Health Scrutiny Sub Committee

- The reduction in FLVs for Somerset
- The number of tiers involved in response to a call-out
- Delays for critically ill patients being transported to hospital
- Inadequate level of consultation, and lack of information available to, the public in general
- Training and skills of Emergency Care Assistants
- The increase in 'one-person' attendances at call-outs and associated lone staffing issues
- Inconsistency in response

4.2 Following discussions at the Council meetings, the Trust provided a Joint Impact Assessment detailing the modernisation proposals as they related to the three local authorities forming the Joint Health Overview and Scrutiny Committee. This included additional information addressing the issues highlighted as substantial. Although the members of the Joint Health Overview and Scrutiny Committee were provided with this information for the meeting on 27 June 2005 it was unable to be considered at the meeting. Following the 27 June meeting, any further outstanding concerns of the individual overview and scrutiny committees were provided to the Trust and information addressing these issues was also submitted to the Joint Health Overview and Scrutiny Committee on 12 July 2005, along with the information that had been originally submitted to the 27 June 2005 meeting.

4.3 In addition to the substantial variation/change information provided by the Councils at Section 4.1, outstanding concerns provided to the Trust after 27 June 2005 were –

Specific Member concerns

- Whether the London Ambulance Service had piloted the introduction of an increased balance of RRVs and ECPs, and if so, factual data reviewing the outcomes of the pilot
- What are the explicit criteria proposed for, or currently in, use within the WCAS for distinguishing between cases in which a FLV should be despatched and cases in which a RRV/ECP response is or will be made? Information was sought as to how exactly this risk is to be managed responsibly under the proposed new arrangements
- Concern about the lack of discussion with medical practitioners on an individual basis
- Sought categorical assurances that the Emergency Care Practitioners proposals would not delay getting ambulances to transport patients to hospital, such that it was detrimental to their health
- How Emergency Care Practitioners would cope with moving patients that required a ‘two man’ effort.
- Skills and training of Emergency Care Practitioners and Assistants, including assurances that increasing the number of Emergency Care Practitioners would not create a shortage of properly skilled personnel in Front Line Ambulances

5.0 JOINT COMMITTEE

5.1 At the Joint Health Overview and Scrutiny Committee on 27 June 2005, the Chief Executive and the Director of Operations of the Westcountry Ambulance Services NHS Trust gave a presentation to the Committee on the NHS modernisation proposals. The presentation expanded on the information provided in the joint Impact Assessment and informed the Committee –

- that the Trust received more than 200,000 calls per annum (a 64% increase since 2000)
- that 40% of calls were for life-threatening situations
- that "Category A" calls had increased from 32% to 35% of calls, largely due to a change in the definition of "shock" and consequently the need to include road traffic accidents in the category
- on the first responder system, including how it operated in rural areas
- that the new arrangements had been implemented in Cornwall since 12 June 2005, and the expected improvements in response times and ability to see more people more quickly were occurring
- on details of innovative pilot schemes operating in the south west, for example, at the Cullumpton Emergency Centre
- the Westcountry Ambulance Services NHS Trust Patient and Public Involvement Forum has expressed support for the modernisation proposals
- that agreement had been reached with UNISON, the union representing 922 of the Trust's 1,200 employees, and union objections to the modernisation proposals had now been withdrawn
- there had been an increase in lone working, but UNISON had endorse this and agreed that it was not a new way of working. In support of this, the Ambulance Service was satisfied that they had the best practice in place to support lone working
- that RRVs had been operating in Devon since the 1970s, and these were automatically backed up by ambulances when required.
- that over 50 of the currently more than 600 Emergency Care Practitioners employed in England worked for the Westcountry Ambulance Services
- the Trust would not be introducing Emergency Care Assistants in Devon and Plymouth at this time, although they were being introduced into Cornwall. Councils would be consulted on any proposals to introduce ECAs in Devon and Plymouth.

5.1.1 A summary of the main issues highlighted and discussed on 12th July by the Joint Health and Overview Scrutiny Committee with the Westcountry Ambulance Service NHS Trust is summarised below.

Other Area Coverage Analysis (impacting on Plymouth Services)
Information in response to this concern were included in the Trust's responses dated 6 May and 8 July to the Joint Health Overview and Scrutiny Committee. The Joint Committee did not seek additional information on 12 July 2005.

The reduced level of service in nearby areas acting as a drain on Torbay's local services. The reduction of front line ambulance cover in Paignton and Brixham

Information in response to this concern were included in the Trust's responses dated 6 May and 8 July to the Joint Health Overview and Scrutiny Committee. The Trust was further questioned on this proposal that it seemed to propose a decrease in FLV coverage, substituted by RRV coverage.

In response, the Trust advised of the exact position of ambulance service coverage in Tavistock, Okehampton, Dartmouth, Kingsbridge, Totnes, Saltash, Torpoint, Launceston, Newton Abbott, Dawlish, Ashburton, Torquay and Brixham.

Specifically in Brixham and Paignton, the Committee was advised that following discussion with staff, unions and local people –

- *Current Situation:* Brixham had one ambulance 24 hours per day and Paignton had one ambulance 24 hurs per day and one ECP 11 hours per day
- *Proposed Situation:* 50 hours of ambulance cover between Brixham and Paignton ensuring 24 hour cover in each area. One ECP 10 hours per day in Paignton and one paramedic car 10 hours a day in Brixham

Community Responders: Agreed method of operation with other emergency services and with dedicated community volunteers
Information Sharing and co-operative working (e.g. with Devon Fire and Rescue Service)

Information on community responders, and information sharing / co-operative working was provided in 6 May and 8 July responses to the Joint Health Overview and Scrutiny Committee.

The Ambulance Trust advised the Joint Committee that it had been operating a Fire Co-Responder Scheme with the Devon Fire and Rescue Service for a number of years and had tried and tested operational protocols in place. Part of this involved the regular sharing of performance and activity data, regular review meetings.

The Joint Committee was informed that there are currently 500 community responders in the south west, with plans to double this number to 1,000. The Trust also has plans to underpin responder management arrangements by a further 4 whole time equivalents to achieve this challenging target. The Trust confirmed that arrangements are in place, including procedures and policies for recruitment, training, management and deployment, to support voluntary members of the community to participate in responder schemes. The NHS National Clinical Scheme for Trusts (CNST) also requires the Trust to have these arrangements in place and monitors them as part of its core assessment requirements.

Lone Staffing Issues: Safety of Patients / Staff, "Two man" lifting
Delays in transporting critically ill patients to hospital

Information on lone staffing issues was provided in the Trust responses dated 6 May, 4 July and 8 July.

The Joint Committee was informed that the use of RRVs was not a new initiative, and had been operated by the Trust for a number of years. A joint review, with the recognised trade unions, had recently concluded of the Trust's Lone Working Policy and agreement had been reached on lone working issues. Guidance regarding "two man" situations, e.g. heavy lifting, was described in the report on the strategic review of ambulance services 'Taking Healthcare to the patient: Transforming NHS

Ambulance Services' of 30 June 2005 that –

'where transport is required this should be arranged by the ambulance clinician and this should not automatically be a double-crewed front line ambulance, and might be an ambulance car or non-emergency patient transport service vehicle'.

A number of scenarios regarding lone working and how the criteria employed by the Trust would in practice allow the Trust to distinguish in despatching an RRV, FLV or both to emergency calls. The Trust prioritised emergency calls using the Criteria Based Dispatch (CBD) system, one of two emergency medical dispatch systems predominantly used in NHS ambulance services. The dispatch codes used are rigorously prescribed by the Department of Health with no latitude for change or modification permitted by local ambulances services. The normal premise, taking into account lone working constraints, was to dispatch the nearest available resource to any type of emergency call. If the emergency call was categorised as an 'A' and a single staffed response is activated as being the nearest available resource, then the nearest resource is immediately activated to provide back up. Further, the Committee was advised that –

- should an ECP arrive with a patient to find that they required immediate hospitalisation there should be no delay in getting an appropriate ambulance resource to transport the patient to hospital
- in life threatening circumstances, the ECP or RRV would not be dispatched to the patient without an emergency ambulance being simultaneously dispatched
- in cases where possibly the patient or their advocate has understated the patients condition and back up has not immediately been dispatched, the ECP or Paramedic can call in a variety of transportation options including the air ambulance, emergency ambulances, non-emergency ambulances, or a further car to provide transportation if required
- nationally nearly all ambulance services were increasing the number of RRVs they deploy for emergency responses
- the Trust responded to 34,000 falls annually. Although this was not an ambulance service responsibility, the service was often the 'first contact' point for this patient group. The Trust was continuing to strengthen work and links with local Social Services and PCT to prevent future falls and ultimately reduce ambulance responses. The Committee was also informed that the Trust would be seeking to manage fall more proactively by the appointment of one whole time equivalent manager as a part of the modernisation proposals.

Whether London Ambulance Service had piloted the introduction of an increased balance of RRVs and ECPs, including factual data reviewing the outcomes

Information regarding this matter was included in the Trust's responses dated 8 July to the Joint Health Overview and Scrutiny Committee. The Committee was concerned that in the absence of any identified pilot study having been conducted nationally to provide feedback on the modernisation proposals it seemed that the whole of England was, in effect, being used as a pilot.

The Trust stated that the London Ambulance Service had confirmed that a pilot scheme associated with the balance of Rapid Response Vehicles had not been undertaken, nor had any analysis been undertaken on emergency calls that "with the wisdom of hindsight should actually have had a FLV or similar response. Emergency Care Practitioners had been operating in the south west for at least 4 years, so the region effectively had served as a national pilot. The use of ECPs with their

advanced skills and knowledge has been very successful, with up to 68% of the 999 patients attended by ECPs subsequently not transported to A&E, versus 36% nationally. ECPs were being added on top of existing services, not replacing services, and eventually all RRVs would be staffed by ECPs.

The Committee was also advised that it was not the Trust's declared intention to decrease front line vehicle coverage, or to have less FLV coverage to rural communities.

The Associate Medical Director spoke about clinical outcomes and stated that in his opinion the new ways of working would not lead to any deterioration in the quality of clinical outcomes. In emergency health situations it was vital that medical assistance reached people as soon as possible and the Trust believed that implementation of the modernisation proposals would improve their response capabilities

Veracity of the Ambulance Trust's statistics/information, including against response times

Information regarding this matter was provided on a number of occasions to each of the local authority OSCs, and as requested, and in the joint Impact Assessment.

The Joint Committee questioned the Chief Executive of the Ambulance Trust's regarding the reliability and consistency of performance and statistical information (this had been questioned by an ambulance employee at a recent Somerset County Council health scrutiny meeting[2]).

The Joint Committee was informed by the Trusts' Chief Executive that the Trust's performance and information had been audited regularly and rigorous by the NHS, Healthcare Commission, Audit Commission, other Government inspection bodies and had always been found to be first-rate. The Chief Executive explained the process whereby the exact timings of calls received, when units responded and arrived at jobs was recorded and that the system was both accurate and not open to manipulation. In addition to monthly reporting to the Trust's Board, all Managers were sent regular (daily) performance information to their mobile phones or pagers. Monthly performance information was also provided to SHAs and PCTs, and the performance of crews was regularly monitored and discussed with them.

The Chairman of the Trust confirmed that regular (daily) information was sent to, and read with interest by, all Managers, and that the information was rigorously scrutinised at the monthly Board meetings. From her experience (as a previous local Government Councillor) the level of scrutiny was far greater than had been usual practice in local Government.

The Chief Executive of the Plymouth Teaching PCT stated that all PCTs took a keen interest in the Ambulance Trust's performance, as it was very important that when required, the ambulance service got to see people as soon as possible, and as quickly and safely as possible. To ensure the highest standards were met, Ambulance Service information was regularly scrutinised by the PCT.

[2] It should be noted that the comments from the member of staff were withdrawn in writing as they had realised the comments were inaccurate.

Comment – South West Peninsula Strategic Health Authority[3]

Strategic Health Authorities have a key role to play in ensuring that key performance targets (such as the Ambulance Service responding to "Category A" calls within 8 minute) are achieved, promoting and advancing best practice across the Peninsula, while monitoring and benchmarking performance. This role includes ensuring the quality of the service and patient care and that the Agenda for Change is being correctly implemented.

The South West Peninsula SHA Director of Partnerships informed the Joint Committee that he had responsibility to report through the SHA to the Secretary of State for Health on the Ambulance Trust's performance. The Trust had performed well over a number of years and early signs from implementation of the modernisation proposals in Cornwall were encouraging, and this included performance information regarding the 8 minutes response time target. He corroborated that a robust programme of monitoring and feedback was regularly undertaken on the Trust's performance.

The Director also asserted that the NHS was committed to engaging with local authorities and he believed establishing a standing liaison with all six local authorities would be a helpful initiative.

Emergency Care Assistants (ECAs)

Where ECAs are employed they have an important role to play in providing first contact in emergency responses. Concerns were raised during the consultation process by local authorities regarding the quantity and quality of training to be given to ECAs, and agreement was subsequently reached with the recognised Trade Unions regarding levels of training, support, supervision and resources provided for this new group of staff.

The Committee was informed that ECAs had been implemented as part of the modernisation proposals in Cornwall's area of operation. The proposals have been withdrawn for implementation in Torbay, Plymouth, Devon and Somerset OSC areas subject to further evaluation, consideration and consultation. The Trust has given an undertaking to engage relevant OSCs in future dialogue prior to any proposals being introduced.

The Joint Committee did not seek additional information on ECAs on 12 July 2005.

[3] Strategic Health Authorities acts as the local headquarters of the NHS, working with the NHS organisations in the Peninsula to deliver NHS Plana and the recently announced NHS Improvement Plan. The organisations supportss the development and improvement of the local NHS, ensuring that key performance targets are achieved, promoting and advancing best practice across the Peninsula, while monitoring and benchmarking performance.

6.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 Overall Conclusions

6.1.1 The Joint Health Overview and Scrutiny Committee is fully supportive of the Westcountry Ambulance Services NHS Trust in introducing and implementing modernised ways of working across the south west. The challenge is to introduce the new working practices so that they balance the requirements of new staff terms and conditions (something outside the remit of the Committee) while meeting the needs of patients and the public to have an ambulance service that can respond rapidly and reliably in cases of emergency.

6.1.2 The consultation process did not commence in earnest until January 2005, resulting in Joint Committee findings in July 2005, some six months later. Members of the Joint Committee believe that all organisation involved in this process learnt a lot on how the NHS and local authorities can work better, and closer, together to benefit both the health scrutiny process and more importantly, the health outcomes achieved for local people. It is hoped that lessons learnt from this process and the Joint Committee will assist future communication and working between the organisations.

6.1.3 The joint scrutiny process has also been helpful to local authorities and Members in clarifying and highlighting issues of concern both regionally and locally. It is suggested that these form the basis for communication with the Westcountry Ambulance Services NHS Trust and for the first of the six monthly meetings in October 2005. These issues include –

- Overall: on implementation of the modernisation proposals, performance information
- Areas coverage analysis: delays for critically ill-patients being transported to hospital (evidenced), problems caused by reduced FLV coverage
- Lone staffing issues: evidenced, including relating to RRV workings
- Emergency Care Assistants: evaluation / evidence from Cornwall
- Community Responders: recruitment and support arrangements

6.2 Overall Recommendations

6.2.1 There are two recommendations contained at Section 1 (page 6) of the report, namely –

Recommendation 1: the Committee recommends that the Westcountry Ambulance Services NHS Trust implement the proposed modernisation arrangements in the area of operations in Plymouth, Somerset and Torbay alongside existing arrangements already agreed in Cornwall and Devon.

For the attention of: Westcountry Ambulance Services NHS Trust

Recommendation 2: The Committee recommends that the Westcountry Ambulance Services NHS Trust report back to the Joint Health Overview and Scrutiny Committee on a six monthly basis on the implementation of its modernisation programme, with the first of such meetings to be held in October 2005.

For the attention of: Westcountry Ambulance Services NHS Trust

Appendix 1 – Joint Health Overview and Scrutiny Committee Working Arrangements

Councils of Plymouth, Somerset and Torbay

1. Membership

- The Joint Committee shall comprise four Members from each authority affected by the consultation. (Non-Executive Councillors will make up the membership).
- Arrangements for the appointment of these Members will be the responsibility of each individual authority.
- The Joint Committee shall be constituted on a non-political basis.
- Representation will be the decision of each individual authority.
- The issue of substitution shall remain a matter for each constituent authority according to its own agreed practice.
- Co-options will be considered by each Joint Committee at its first meeting. (Guidance suggests that co-opting people is one method of ensuring involvement of stakeholders with an interest in, or knowledge of, the issue being scrutinised. This is already a power by virtue of the Local Government Act 2000. However guidance also recommends other ways of involving stakeholders by, for example, giving evidence or by action as advisers to the Committee).

2. Quorum

The quorum of the Joint Committee is one quarter, which must include at least one member from each participating Council.

3. Election of Chairman and Vice Chairman

- The Chairmanship of each Joint Committee will follow the administrative responsibility. The Chairman for each Committee will be appointed by the Committee at its first meeting.
- As far as practicable the Vice Chairman will be Chairman of the next Joint Scrutiny process. (It is accepted that this may need to be reviewed if the same local authorities are not involved in subsequent consultations).

4. Voting Arrangements

- Each Member present will have 1 Vote.

5. Procedural Arrangements

- As far as practicable the Standing Orders/Procedure Rules of each authority will be observed. However in the event of a dispute those of the “host” authority will be followed.
- Meetings will be open to the public and will be convened in accordance with the Local Government Act (2000) and Access to Information Act

- Meetings will start at the time indicated on the agenda.

- The host authority will take responsibility for advertising the meeting and the circulation of agenda. Each authority will be responsible for providing details relating to its advertising/distribution requirements.

6. Administrative and Financial Arrangements

- Meetings which form part of each consultation will be arranged by the affected authorities in turn.

- The "host" authority will bear the administrative costs.

- Each individual authority will bear the travelling and subsistence costs of its Members.

- External costs for professional advice requested from witnesses will be shared equally by those authorities involved in each individual consultation. A maximum amount that could be spent to be agreed at the outset of each consultation.

- Irrespective of the "host" authority all the partners in any Joint Committee will contribute

  (a) by agreeing that their officers attend meetings and provide information to health scrutiny investigations as they would for an overview and scrutiny committee of their own authority;

  (b) provide research support in fields such as housing or environmental health;

  (c) make accommodation for local hearings available free of charge;

  (d) facilitate any site visits in their areas.

7. Reporting Arrangements

- Wherever practicable a draft report will be considered at a pre-meeting with one representative from each authority on the Committee before it is taken to the main Committee.

- The Guidance says that one report has to be produced on behalf of the Joint Committee. The final report should reflect the views of all local authority committees involved in the Joint Committee, but it will aim to be a consensual report. The Guidance does not suggest any mechanism if there is a failure to agree a consensual report. It is recommended that in this situation, a separate section in the report will record any minority report recommendations.

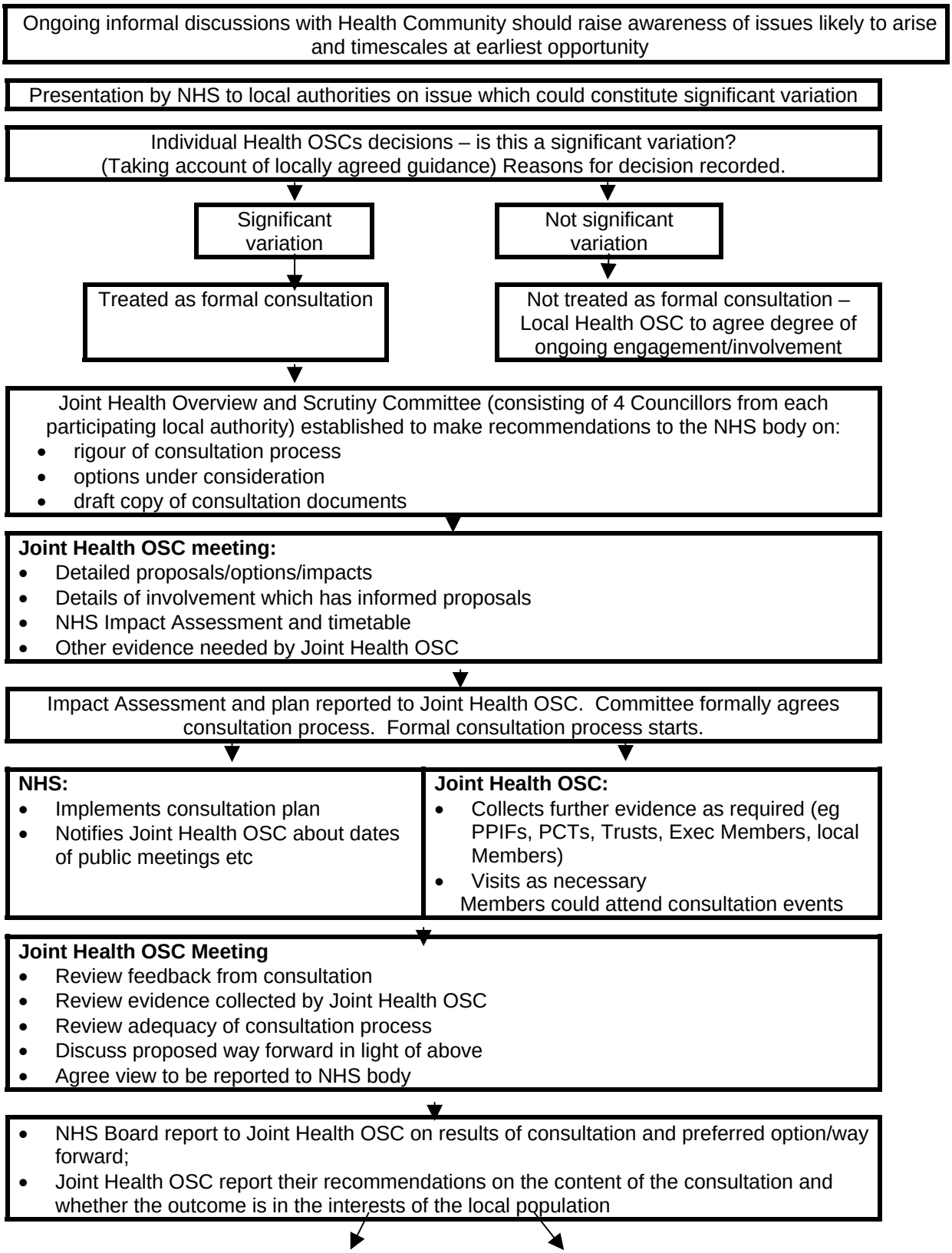
- At least 3 members of the joint committee must support the inclusion of any separate minority report in the Committee's final report.

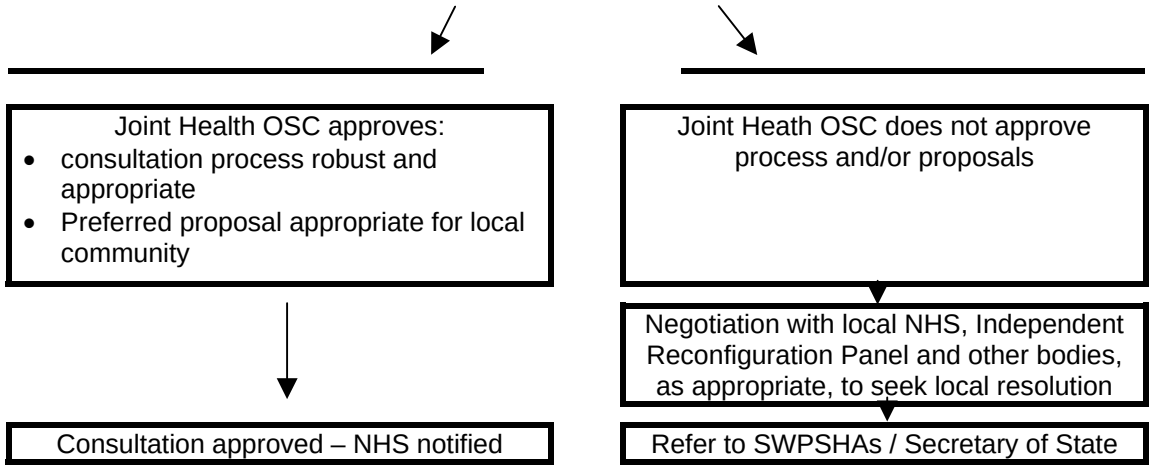
- Any report produced by the Joint Committee will be submitted to each local authority in accordance with that authority's reporting procedure.

Appendix 2 – Process for Formal Consultations

Joint Health Overview and Scrutiny Committee – Process for Formal Consultations

Councils of Plymouth, Somerset and Torbay




Joint Health OSC approves:
• consultation process robust and appropriate
• Preferred proposal appropriate for local community
Consultation approved – NHS notified
Joint Heath OSC does not approve process and/or proposals
Negotiation with local NHS, Independent Reconfiguration Panel and other bodies, as appropriate, to seek local resolution
Refer to SWPSHAs / Secretary of State

Appendix 3 – Westcountry Ambulance Service – Facts and Figures[4]

The Trust provides ambulance services for two Strategic Health Authorities; Dorset and Somerset, and the South West Peninsula. In addition the Trust works with 15 Primary Care Trusts (PCTs) for ambulance matters and 18 for NHS Direct.

Primary Care Trusts

Cornwall

- West of Cornwall
- Central Cornwall
- North and East Cornwall

Devon

- North Devon
- Mid Devon
- Exeter
- East Devon
- South Hams and West Devon
- Plymouth
- Teignbridge
- Torbay

Somerset

- Mendip
- Somerset Coast
- South Somerset
- Taunton Deane

Dorset (NHS Direct Only)

- North Dorset
- South and East Dorset
- South West Dorset

[4] Westcountry Ambulance Services NHS Trust website

Appendix 4 – Documents

1. Joint Impact Assessment – analysis concentrating on the developments proposed
2. Westcountry Ambulance Service Information Update, dated 6 May 2005, providing an explanation of substantial variation/change issues highlighted by Overview and Scrutiny Committees (RRVs, lone staffing issues, ECAs, changes in originally proposed area cover, Community and Fire Responders, Community Voluntary Responders, and consultation with staff, unions and public meetings)
3. Westcountry Ambulance Service Information Update, dated 14 June 2005, provided to the Joint Health Overview and Scrutiny Committee on 27/6/05 and 12/7/05
4. Westcountry Ambulance Service Information Update, dated 4 July 2005, to the Somerset County Council responding to the outstanding concerns following the JHOSC meeting on 27/6/05 (covering ECP operation in rural areas, ECAs, transportation of patients to hospital, consultation process, ECP training, Lone Staffing Issues)
5. Westcountry Ambulance Service Information Update, dated 8 July 2005, to Plymouth and Torbay Councils responding to the outstanding concerns of the two Councils following the JHOSC meeting on 27/6/05 (covering Other Areas Coverage Analysis, Community Responders, Lone Staffing Issues, Emergency Care Assistants, London Ambulance Service, consultation