

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 18 OCTOBER 2021

COMMUNITY AMBULANCE STATIONS

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested a report on West Midlands Ambulance Service's (WMAS) Strategy in relation to community ambulance stations (CAS) as part of a review by the Service.
2. Senior representatives will be present from NHS West Midlands Ambulance Service University Foundation Trust (the Trust).

Background

3. The Committee would like to gain an understanding of the rationale behind the plans, which will see a number of changes to provision of CAS, and to seek reassurances about any impact on services in Worcestershire, including response times to rural areas.
4. Of the ten community ambulance stations due to close, two are in Worcestershire (Malvern and Evesham) and the others are in Shropshire, Warwickshire and Staffordshire.

Context of the Review

5. Currently, it is recognised that WMAS response times are not good enough but having Community Ambulance Stations (CAS) makes that worse than it needs to be. A Briefing regarding the review of ambulance CAS points in Worcestershire and current operating models is attached at Appendix 1.
6. Under the changes, the same number of ambulance staff and the same number of ambulances will continue to operate in the area; the only change is where two of the circa 35 ambulances that operate in the County start and finish their shifts. Closing the CAS sites will increase the amount of ambulance time available to respond to patients.
7. If a crew starts at a hub, such as Bromsgrove, they do so with an ambulance that is cleaned, fuelled and has a standard load list that should last the full 12 hour shift. Whereas if a crew starts at a CAS site, the crew start with an ambulance that has been used for around half a shift and they then have to return to the hub to swap over to a new vehicle every shift (twice a day). The additional time spent travelling back to the CAS point for meal breaks and at the end of a shift means that the crew are not available to respond to patients.
8. On average, crews that operated at-CAS sites lost in order of 2½ to 3 hours of ambulance time at each CAS site, over each 24 hour period.

9. In addition, if the ambulance is delayed at for example Worcestershire Royal Hospital (WRH) at the end of the shift and is an hour late getting back to the CAS, then the on-coming crew have no vehicle to respond in and effectively another hour of ambulance time is lost due to the situation – a ‘double whammy’.

10. Closing the remaining 10 CAS sites will enable the Trust to get to an additional 5,000 to 6,000 cases every year with no additional resource.

11. The biggest single thing that impacts the Trust’s ability to get to patients in a timely way is hospital handover delays. In August, three crews waited over 11 hours to hand over their patient at Worcestershire Royal - the national target is 15 minutes! Supporting data is attached at Appendix 2 to this report.

12. It is acknowledged that hospitals have seen large increases in people attending, are working to catch up with elective work cancelled during the pandemic and continue to have to abide by COVID-19 restrictions which reduce capacity, however the handover delays to have a disproportionately large impact on the Trust’s ability to get to patients.

13. Prior to their closure, the ambulance at each CAS site only visited it four times a day: twice for meal breaks and twice for shift changes. The idea that crews regularly sit on them awaiting cases is a thing of the past since crews go from case to case all day, only stopping for meal breaks and shift handovers.

Issues Raised

14. The types of issues raised with the Trust regarding the CAS closures are set out below.

15. A common message has been for example that all of the ambulances in say Evesham will have to come from Worcester, Hereford or even Bromsgrove. It must be clarified that where an ambulance starts or finishes its shift often has little to do with where it ends up, as in the recent case of an ambulance from Dudley that ended up doing cases in Malvern.

16. While some ambulances may have to come from those hubs, it is just as likely, if not more so that they will come from the local area, particularly as the Trust now takes fewer than 50% of patients to A&E. Appendix 1 shows that for the first six months of the year, there were 22,801 cases in the Malvern area (not the town). In over 10,000 of those cases, the ambulance crew discharged the patient and were then available to respond to other cases in the area.

17. Regarding staff welfare, there were only seven permanent staff based at Malvern so three staff are already regularly travelling for shifts and they have reported no issues with this arrangement. In addition, when talking to staff at other CAS sites, many have said that they actually foresee the change reducing their day, not lengthening it. Additionally, staff are able to choose which hub they moved to, and also had the opportunity to stay on the shift pattern they were on, if they wanted to. Travelling expenses are paid as per national conditions.

18. Regarding concerns that the changes will lead to people in cardiac arrest not being saved, there is no question that a fast response is required for a cardiac arrest. The survival rate in the UK for an out of hospital cardiac arrest is just 7%. This is put into stark contrast by the same figure in Denmark being around 25%. The difference: everyone in Denmark has been taught CPR and they are prepared to do it. Thankfully learning CPR is now part of the national curriculum but we need many more adults to learn as well as many more public access defibrillators.

19. While it is true that around 70% of the demand that WMAS is called to comes within the Birmingham and the Black Country area, the Trust is committed to equity of service. However, there is no question that getting to cases in more rural areas will inevitably be more difficult to achieve response times simply because they are rural. The Trust is currently in the middle of a programme of bolstering the frontline workforce in areas such as Worcestershire because it is recognised that additional resources are needed to meet response times.

20. Another suggestion raised was to move the CAS sites into fire stations, or other NHS premises to save money, but that does not solve the problem of their inherent inefficiencies. Looking at the cost savings, the rent paid is only part of the cost of having the CAS sites; they also include the rates, maintenance, but also things such as the need for one of our Operational Managers to visit every day to carry out mandatory checks on the stores such as the controlled drugs kept at the site.

21. Apart from the efficiencies of the hub system known as Make Ready, the Trust is also able to have crews starting at a range of times. This means that at changeover, rural areas continue to have cover rather than the ambulances all returning to base at the same time, as used to happen before the introduction of the system.

22. In summary, while saving money is not the driving factor behind the closures, the decision to close the CAS sites will also free up around £750,000 which will be reinvested in frontline patient care through additional staff hours and ambulance shifts for Worcestershire. These changes will help to save lives; unlike spending money on seldom used buildings, which will not.

Purpose of the Meeting

23. Members are invited to consider and comment on the information discussed and agree:

- whether any further information is required
- whether any further scrutiny work is required at this stage.

Supporting Information

- Appendix 1 - Briefing Document
- Appendix 2 - Data Submission to Worcestershire HOSC

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Murray MacGregor, Communications Director, Email: pressoffice@wmas.nhs.uk
West Midlands Ambulance Service

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

- Agenda and minutes of the Health Overview and Scrutiny Committee on 27 June 2019