

Agenda Item No. 10

Short Life Group on Rural Response Times – Update paper

Great Western Ambulance Joint Health Scrutiny Committee

June 11th 2010

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

To update the Joint Health Scrutiny Committee on the outcomes of the Short Life Group.

Recommendation

The Great Western Ambulance Joint Health Scrutiny Committee is requested to:

- comment on the recommendations for further action as set out in paragraphs 3.2 - 3.7 and 4.1 - 4.2.

1.0 Reasons

- 1.1 The Great Western Ambulance Joint Health Scrutiny Committee meeting on 30th October 2009 agreed to establish a short life group to explore ways of improving performance in rural areas. The areas that were identified as being of particular concern, and would therefore form the remit of the work of the group, were Forest of Dean, Cotswold and Kennet (now part of Wiltshire Council). Terms of Reference are attached at **Appendix 1**.
- 1.2 The Committee agreed that one member from each of the three areas would participate in the Group, together with the appropriate officers from GWAS. The Committee requested that the Group provide regular updates on progress to the Committee.

2.0 Detail

- 2.1 The Group met three times, on January 28th, March 4th and April 22nd.
- 2.2 The Group has focussed its attention on the provision of Community First Responders and how to best to increase numbers of these where insufficient, and also on increasing the placement of defibrillators in the community.

- 2.3 A number of issues have emerged, some of which fall outside the specific remit of this group, but which may be worthy of further consideration by the Joint Committee. These are detailed later in this report.

3.0 Outcomes of the Short Life Group

- 3.1 In some rural areas with low density of population, there is insufficient activity to justify a vehicle being stationed there. In these situations, GWAS needs to look at other initiatives in order to ensure that cover is maintained. These initiatives include Co- Responder Schemes, Community First Responders and the provision of Automatic External Defibrillators (AEDs).
- 3.2 The Group agreed to select two or three focussed local areas within each of the rural areas that formed the remit of the Group's work. There will be a joint concerted effort by local councillors and GWAS officers in these areas to publicise and increase recruitment of CFRs and placement of defibrillators. The areas selected are:

Cotswold	Bourton-on-the-Water Stow-on-the-Wold
Forest of Dean	Sedbury Tiddenham Mitcheldean
Kennet	Schemes have been identified but not confirmed at the time of writing. An update will be provided when available.

- 3.3 For each of these focussed areas, GWAS will provide information on the number of calls received and response time performance. It is estimated that it will take six months for this joint work to have a demonstrable impact on performance figures. Therefore in six months time, GWAS will provide this information again. This should give a clear indication of the impact, and depending on this, could lead to an expansion in the targeted areas.
- 3.4 The Group agreed that it was important to select specific areas on which to focus, in order to ensure that the ongoing training and support needs that would arise from increased recruitment can be met, and that the increases are sustainable.

- 3.5 It is proposed to provide an interim update to the Joint Committee in three months time, and a further progress report another three months after that.

Other outcomes

- 3.6 When a license is granted for large public events, GWAS need to be notified of first aid facilities, access/egress points etc. All OSCs were therefore requested to check that this is happening.

GWAS has received responses from all OSCs and this issue has now been clarified. The information provided by all local authorities is sufficient, with the exception of Gloucestershire, where only certain events are notified to GWAS eg. Gloucester Rugby, Cheltenham Town FC, Cheltenham races and the Royal International Air Tattoo. GWAS would ideally require information on each licensed event where first aid facilities are a condition of the licence being issued.

- 3.7 All OCS were asked to provide a list of council owned properties, such as leisure centres, care homes, schools etc. GWAS will then be able to use this information to map areas of high 999 calls and thereby identify properties that might benefit from extra indirect resources such as defibrillators.

Responses have been received from all councils, with the lists being very comprehensive. GWAS is now matching activity to demand at these locations. Where activity is greater than 1 life threatening call per month and this is not likely to be reached in 8 minutes, then GWAS will look to provide an AED and provide the necessary training. For properties and businesses that do not reach this level of activity, then GWAS will provide advice and guidance for organisations that are interested in purchasing their own AED.

In order to facilitate this, GWAS has identified the first 10 locations, which include leisure centres in the Forest of Dean and care homes in Wiltshire. A batch of 50 AEDs have been ordered for roll out.

4.0 Emerging issues

The issues that emerged from the Group can be summarised as follows:

4.1 Immediate/local issues

- Ongoing need to improve recruitment of CFRs, both in the three specific rural areas and more generally across the GWAS region.
- Increase placements of static defibrillators

These issues are being addressed by the joint work that is being carried out in the focussed areas, however for the wider GWAS region, the attention of the

Committee is drawn to **Appendix 2** (CFR Schemes by area). Where there are 6 or fewer CFRs in an area, and activity justifies more volunteers, councillors are requested to actively assist recruitment. Attached at **Appendix 3** are three versions of a text which councillors (or any other interested parties) may wish to use as editorial which they can offer to local newsletters, parish magazines, etc, to fit the space available.

4.2 Strategic issues

- Given the strategic importance of schemes such as CFRs and defibrillators in enabling GWAS to meet response targets, what action can be taken at a more strategic level to promote these schemes and make links with potential partner organisations?
- Ambulance demand is increasing year on year; however not all patients need to attend Emergency Departments as other care pathways may be available. An example of this would be patients who have fallen and could be referred to falls teams – what is being done by GWAS and the wider health community to use and develop these alternative care pathways?
- How do other ambulance trusts work with local authorities to promote schemes such as CFRs?

Although these issues have arisen from the Group's discussions, they fall outside the remit of the Terms of Reference. The Joint Committee is therefore requested to take a view on whether and how it wishes to take these questions forward.

Background Papers and Appendices

Appendices

Appendix 1 - Terms of Reference

Appendix 2 - CFR Schemes by area

Appendix 3 - Community First Responders – 3 versions of publicity text



Great Western Ambulance Service



NHS Trust

Draft Terms of Reference Short Life Group on Ambulance Rural Response Times

Authority

The meeting has been established following a proposal at the Joint Overview & Scrutiny Committee (JHOSC)

Membership

Membership of the group will consist of the following:

Keith Scott, Locality Director
Kim Morrissey, CFR Manager (Avon)
Kevin Dickens, CFR Manager (Gloucestershire)
Terry Hale, Gloucestershire HOSC
Sheila Jeffery, Gloucestershire HOSC
Pip Ridout, Wiltshire HOSC

Other members of GWAS or the Joint HOSC will be asked to attend as required.

Frequency

This is a short life working group and it is envisaged that the work will be completed in 3 months. Three working meetings have been planned.

Duties

The purpose of the Group is to review Category A8 performance (this may need to be expanded to include other categories) in Cotswold, Forest of Dean and Kennet (within Wiltshire) in partnership with the Joint Health Overview & Scrutiny Committee (JHOSC). Action areas will be agreed from the first meeting.

The following are the desired outcomes from this short life working group:

- For joint understanding of ambulance response standard performance in rural areas.

- Joint understanding of the role of Emergency Care Practitioners (ECPs), Static Defibrillators, Public Assess Defibrillators, Co Responders, Community First Responders (CFRs), Charity Responders and Retained CFR schemes.
- Joint understanding of what improvements can be made to response standards in the rural areas.
- Have an agreed action plan that can be shared with the JHOSC.
- Joint understanding on how members of the JHOSC and the District Councils can be of assistance to the ambulance service to move the agreed action plan forward.

Reporting

The group will report back to the Joint Overview & Scrutiny Committee (JHOSC)

Administrative arrangements

GWAS will record the meetings and any subsequent actions arising from the meetings. The responsibility for producing HOSC papers will rest with full time officers who support the joint HOSC.

Date: 29/01/10

Signed:

Chair:

Avon Sector

Area	No of Calls/Week
Clutton	1.6
Wick	1
Sneyd Park	1

Gloucestershire Sector

Area	No of Calls/Week
Bussage	1.6
Chipping Campden	1.1

Wiltshire Sector

Area	No of Calls/Week
Purton	2.4
Redlynch	1.5
Little Chevrell	1.5
Mere	1.5
Chisledon	1.4
Easterton	1.1
Watchfield	1

Appendix 3

Community First Responders – 3 versions of publicity text

a) 100 word version

Community First Responders – a life-saving service in the community

Community first responders (CFRs) are a vital part of our emergency care services, able to provide the essential care and treatment for a patient in those first minutes following an emergency.

CFRs are volunteers who respond from their home addresses or places of work to patients with immediately life-threatening medical emergencies.

They are NOT an alternative to an ambulance. CFRs provide life-saving care to patients, often in rural areas, while the professional ambulance crew is on the way.

If you live in the Great Western Ambulance Service area and would like to know more about becoming a community first responder at work or from home, please contact us on: **0117 928 0485**.

Ends

(112 words, excl heading)

b) 250 word version

Community First Responders – a life-saving service in the community

For a person suffering a heart attack, stroke or other similar emergency, receiving clinical help in the first few minutes can literally be the difference between life and death.

Community first responders (CFRs) are a vital part of our emergency care services, able to provide the essential care and treatment for a patient in those first minutes following an emergency.

CFRs are volunteers who respond from their home addresses or places of work to patients with immediately life-threatening medical emergencies.

They are NOT an alternative to an ambulance. CFRs provide life-saving care to patients, often in rural areas, while the professional ambulance crew is on the way.

There are currently around 300 CFRs across the region covered by Great Western Ambulance Service (GWAS). Each week, around 300 life-threatening incidents are attended by CFRs, by people using defibrillation equipment placed in public areas, or by co-responders such as firefighters or police.

A CFR operates within a three-mile radius of their home or place of work, meaning they are able to get to the scene of an emergency very quickly; the average time it takes for a CFR to arrive on scene is 2.5 minutes, while the vast majority (92%) of CFRs are providing life-saving emergency care to a patient within six minutes of a 999 call for help.

If you live in the Great Western Ambulance Service area and would like to know more about becoming a community first responder at work or from home, please contact us on: **0117 928 0485**.

Ends (251 words, excl heading)

c) Recruitment article

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What kind of emergencies do CFRs attend?

CFRs attend particular types of medical emergencies where it is essential for the patient to receive immediate life-saving care. This includes conditions such as:

- cardiac arrest
- chest pain

- breathing difficulties
- unconscious patients
- fitting
- stroke

CFRs are not sent to many other particular types of incidents, including:

- road traffic collisions
- other incidents involving traumatic injuries
- incidents involving children

You do not need any previous medical training to become a CFR. GWAS currently has a whole host of people available to save lives in their local community, including nurses, engineers, postal workers and teachers. You do need:

- good interpersonal and communication skills
- the ability to observe and accurately record details
- the ability to take the lead and remain calm in pressured situations.

What does the application process involve?

When you apply to become a CFR, you complete:

- an application form
- a health-check form, which is posted directly to our doctor
- a Criminal Records Bureau (CRB) form

You will then be invited for interview, and will be asked to bring along the CRB form. You will be told at the interview if you have been successful – subject to the CRB check.

Once that check comes back, your training is booked – and is available at weekends or during the week to suit you. You will receive four days' training.

From first application to training can take up to three months, depending on the speed of response from the CRB. You will also ride out as an observer with an ambulance crew to gain a better understanding of the role.

It is important to remember that attending people in critical, life-threatening situation can be upsetting. However, the GWAS network makes sure there is someone to help 24 hours a day.

How can I find out more?

If you live in the Great Western Ambulance Service area and would like to know more about becoming a community first responder at work or from home, please contact us on: **0117 928 0485**.