

Agenda Item No. 5

Great Western Ambulance Service Joint Health Overview and Scrutiny Committee

Friday 11th June 2010

Swindon Borough Council, Civic Offices

MINUTES

Present:

Councillors:

Councillor Andrew Gravells (Gloucestershire County Council) – Chair
Councillors Sue Hope (South Gloucestershire Council), Andy Perkins (South Gloucestershire Council), Adrian Inker (Bath & North East Somerset Council), Sharon Ball (Bath & North East Somerset Council), Sandra Grant (South Gloucestershire Council), Sylvia Townsend (Bristol City Council), Terry Hale (Gloucestershire County Council), Sheila Jeffery (Cotswold District Council), Ron Allen (Gloucestershire County Council), Stephanie Exell (Swindon Borough Council), Mike Hewitt (Wiltshire Council), Christine Crisp (Wiltshire County Council), Ian McLennan (Wiltshire Council), Mick Bray (Swindon Borough Council) and Andrew Bennett (Swindon Borough Council)

Others:

David Whiting (Great Western Ambulance Service), Tim Stockings (Great Western Ambulance Service), S Rawthorn (Great Western Ambulance Service), Albert Weager (LINKs), Keith Smith (Swindon LINK), Caroline Pickford (Wiltshire Council), Sally Smith (Swindon Borough Council), Elizabeth Power (Gloucestershire County Council) and Romyne de Fonseca (Bristol City Council)

Apologies:

Councillors Lesley Alexander (Bristol City Council), Reyna Knight (North Somerset Council) and Jenny Smith (Bristol City Council)

124. Declarations of interest (Agenda Item 2)

Councillor Andy Perkins made a personal and non-prejudicial interest in respect of his wife's employment at University Hospital Bristol NHS Foundation Trust.

125. Public Question Time (Agenda Item 3)

No public questions were received.

126. Chair's update (Agenda Item 4)

The Chair referred to the recent GWAS Awards ceremony that he had attended and congratulated the Chief Executive on what he felt had been an excellent event and showcase for the Ambulance Service. He advised that he had invited award winners to attend the next meeting of their Health Overview and Scrutiny Committee to make a short presentation on their work and to members the opportunity to publicly congratulate them on their achievements.

127. Minutes of the Meeting held 29th January 2010 (Agenda Item 5)

Resolved – (1) That the minutes be approved as a correct record.

(2) That, with reference to Minute 122, it be noted that the one outstanding core standard had now been met.

(3) That, with reference to Minute 120, the advice from GWAS, that the increased number of paramedics and additional staff and the re-alignment of operational cover to the demand profile would ensure that the Category B19 response target would be met, be noted.

(4) That it be noted that the work in relation to Community First Responders still needed to be expanded upon in some rural areas and that the GWAS CR Management team be asked to consider how this might best be achieved.

128. Monthly Performance Information for March/April 2010 (Agenda Item 6)

David Whiting (Chief Executive, GWAS) introduced this report, comprising (i) the Commissioners' Monthly Report for activity In March and April 2010, (ii) the Board Performance Report and (iii) Hospital Handover Times - April 2010.

Mr Whiting provided a summary of the major elements within the data, commenting that, at the 2009/10 year-end, the trust had achieved its targets for responding to Category A calls for the first time in its history, and that this standard of performance had been continued into the current year. He also advised that, in relation to its call answering targets, recognising the importance of this function to the public, 97.3% of all 999 calls had been answered within 5 seconds, with an average response time of 1 second, the best response time in the UK.

The Chair acknowledged the significance of the achievements made by GWAS in relation to its performance standard targets, improving its national ranking overall from 11th in 2008/9 to 6th in 2009/10, and, on behalf of the Committee, congratulated Mr Whiting on this positive and sustained progress and asked that a note conveying the Committee's congratulations be sent to all GWAS staff. The Chair also asked that the Lead Commissioning Officer and the Strategic Health Authority be copied in on this e-mail.

Mr Whiting responded to individual members' specific questions on the following topics:

- enhancement of CFR coverage in the Cotswold, Forest of Dean and Kennet areas
- operational flexibility and arrangement to mitigate the effects of the migration ambulance resources across service area boundaries
- the audit of emergency calls to verify the accuracy of categorisation
- Hospital handover target times and definitions and the requirement for each Trust to a plan with GWAS to minimise patients' access to hospital services
 - the Gloucester scheme

129. AGW Cardiac and Stroke Network (Agenda Item 7)

Dr. Tim Cribbs, Consultant Cardiologist and Clinical Lead for the Cardiac Network, made a presentation to the meeting on the topic of Primary Percutaneous Angioplasty, outlining the significant developments in recent years and the shift from the use of drugs to treat coronary artery blockage (thrombolysis) to the more "high tech" angioplasty treatment, using a balloon catheter to restore blood flow. Dr. Cribbs commented on the time sensitivity for primary angioplasty and advised that studies had established that a significant number of patients in the AGWS Network area would benefit from having angioplasty rather than thrombolysis. It was noted that the Department of Health, in 2008, had recommended that the principle of primary angioplasty should be adopted nationwide within 3 years. Dr. Cribbs advised that the Network was committed to the delivery of a "24/7" Primary Angioplasty service with equal and early access for patients, wherever possible, and outlined the current plan for the delivery of services through the Swindon, Bath, Gloucester, Cheltenham and Bristol West hospitals (9 to 5) and through regional centres in Bristol and Taunton (out of hours). It was noted that the local hospitals were committed to extending the service hours (7 to 7).

Members were given the opportunity to put questions to Dr. Cribbs. Issues raised included:

- the time sensitivity for treatment and the feasibility of primary angioplasty being provided in the Birmingham area for patients north of Moreton in Marsh
- the change in the attitude of the medical profession that angioplasty is superior to thrombolysis in almost every case
- the success of primary prevention in reducing the incidence of heart attack and heart disease (40% fall in deaths from heart disease in the last 10 years)
- the services provided through the Bristol Heart Institute and its capacity to provide primary angioplasty services
- the financial basis for the service provision, each PCT meeting the cost of service on the basis of a pre-determined tariff

Resolved – That Dr. Cribbs be thanked for attending the meeting and for his informative presentation on the issue of Primary Angioplasty.

130. Update from HOSCs (Agenda Item 8)

The Committee received an update from the Wiltshire Health and Adult Social Care select Committee on activity undertaken in relation to GWAS.

Resolved – That the report be noted

131. Report from Joint Working Group (Agenda Item 9)

The Committee received an update from the Local Involvement Network Joint Working Group.

Resolved – That the report be noted

132. Short Life Group on rural response times – Update (Agenda Item 10)

The Committee received a report on the outcomes of the Short Life Group on rural response times and ways of improving performance in rural areas. The report sought members' comments on the Group's recommendations for further action. Issues raised by members during the Committee's debate of the matter included:

- the focus of CFR schemes in larger populated areas with a recognised demand for the service and the identification of priority areas for future enhanced coverage
- the availability and cost of automatic external defibrillators (AEDs) for use by CFRs
- the nature and location of current CFR schemes
- GWAS engagement with the localities regarding the use and development of alternative care pathways

Resolved – (1) That the report be noted and the recommendations for further action be accepted.

(2) That the importance of the work being carried out by the Short Life Group is recognised and that the members of the Short Life Group be thanked for their commitment and hard work in support of the group.

(3) That, in recognising the good work being carried out to improve rural response times, and the need to maintain this momentum and enhance CFR schemes in lower populated rural areas, GWAS arrange a further meeting of the Short Life Group for, approximately, 6 months' time (Dec 2010/Jan 2011).

133. Quality Accounts (Background) and GWAS Quality Accounts 2009/10 (Agenda Items 11 and 12)

The Committee received a report on the requirement for NHS provider trusts to publish an annual quality account, and inviting members' comments on the content of the draft GWAS Quality Account 2009/10.

Resolved – (1) That the report and the draft GWAS Quality Account 2009/10 be noted.

(2) That members be provided with copies of the GWAS "Goals agreed with commissioners", referred to in Section 2.4.4 of the Quality Accounts.

134. Work Programme and dates of future meetings (Agenda Items 13 and 14)

The Committee received a report outlining the next stages of its work programme for 2010/11.

Resolved – (1) That the Committee's Work Programme for the remainder of the year be agreed.

(2) That the proposed date and hosting arrangements for the September meeting of the Committee, and the provisional arrangements for the December meeting, be agreed.

(3) That the issue of the frequency of meetings of the Committee be addressed at its September meeting, when the Committee is due to consider its revised terms of reference.