Agenda Item No. 8

Update from Individual Health Overview and Scrutiny Committees

Great Western Ambulance Joint Health Scrutiny Committee
28th January 2011

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

To enable individual Health Overview and Scrutiny Committees to advise the Joint Committee of any work they are undertaking in relation to ambulance services and the outcomes of such work.

Recommendation

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

Note the written and verbal updates provided by Health Overview and Scrutiny Committees and determine whether the Joint Committee requires any further action.

1.0 Reasons

1.1 Recommendation 5 of the Great Western Ambulance Joint Health Scrutiny Committee's *"Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee, February - October 2008"* required that a standing agenda item be included at each meeting of the Joint Committee to enable individual Health Overview and Scrutiny Committees (HOSCs) to provide an update on any work they are undertaking in relation to ambulance services and the outcomes of such work.

2.0 Detail

2.1 The rationale for this recommendation was to ensure that the Joint Committee was kept informed of any local work that is being carried out by individual HOSCs. This will enable the Joint Committee to identify any issues that may benefit from its involvement and will reduce the likelihood of duplication of work occurring between the Joint Committee and individual HOSCs.

2.2 Submissions from those local authority HOSCs which are undertaking any such work are included in the appendices to this report for the information of Members.

2.3 Members from each local authority HOSC may also wish to provide the Joint Committee with a verbal update.

2.4 Members are requested to consider the updates provided by HOSCs and determine whether any further action is required by the Joint Committee in relation to any of the issues raised.

3.0 Background Papers and Appendices

Appendices

Appendix A – Extract from minute of South Gloucestershire Health Scrutiny Select Committee Meeting, December 1st 2010

Appendix A

SOUTH GLOUCESTERSHIRE HEALTH SCRUTINY SELECT COMMITTEE MEETING

1ST DECEMBER 2010

EXTRACT MINUTE

UPDATE ON GREAT WESTERN AMBULANCE SERVICE NHS TRUST (GWAS): PERFORMANCE AND PATIENT HANDOVERS (Agenda Item 12)

Lizanne Harland, Service Development Manager – Urgent and Emergency Care introduced the update report on the Great Western Ambulance Service NHS Trust (GWAS): Performance and Patient Handovers.

During the ensuing discussion the following points were covered:

In response to how GWAS would be performance managed once PCTs had been abolished Lizanne Harland explained that NHS South Gloucestershire had not yet received clear guidance from the Department of Health, but it believed that it would be beneficial for ambulance commissioning to remain local.

In reply to a question about the work around improving non-urgent care pathways, Lizanne Harland reported that the service change in South Gloucestershire would support the use of the clinical desk including ‘hear and treat’ (not despatching an ambulance) and ‘see and treat’ (ambulance clinicians treating patients on the scene where appropriate without transporting them to hospital), and referral to community and primary care services. It was felt that this would reduce unnecessary conveyance to Emergency Departments enabling South Gloucestershire residents to receive more treatment closer to their homes, and also support timely ambulance handover times through a reduction in unnecessary admissions to hospital. She added that NHS South Gloucestershire also hoped to lead a pilot on crew referral to community services, whether that be via the clinical desk or the Single Point of Access (SPA). Guy Stenson added that use of the clinical desk would also help address issues that could currently occur when contact was made during out of hours.

Lizanne Harland added that until recently GWAS had no community care pathway, however it had recently developed a pathway for falls, which meant that a considerable number of patients who had fallen were now treated without being transported to hospital (‘see and treat’), GPs were also provided with details of the incident, which was not a matter of course previously.

In response to a concern that handover issues at Frenchay were affecting response times, Lizanne Harland said that this was not the sole reason. Weston General and the Royal United Hospital, Bath had better ambulance handover times but still had problems with response times.

In response to the future changes in how Category B (serious but not life threatening) calls would be handled so that where it was safe and appropriate patients were treated without being transported by ambulance to an Emergency Department, and how this message would be publicised, Lizanne Harland said that this was being considered for the 2011-12 contract with GWAS and further work was needed around the public's expectations of the ambulance service.

In response to a question about there being a "111" number as a single point of access for all non-emergency care services in the future, Lizanne Harland said there were currently two pilots in the country. NHS South Gloucestershire was working on the assumption that there would eventually be a 111 number, and it would need strong pathways in place once it was operational. Grant Addison added that the intention of the number was to reduce inappropriate 999 calls, however, there was currently no national timetable for implementation.

Grant Addison reported that reducing inappropriate admissions to hospital was closely related to the overall work to transfer more services into the community out of acute hospital. Both the public and the system needed to be re-educated and there needed to be earlier interventions in a patient's journey to reduce the likelihood of them being inappropriately admitted to hospital in the first place. Lizanne Harland added that transporting patients unnecessarily could actually be worse for them, for example in the case of patients with dementia.

In response to a concern about the public being led to believe that community transport might be an alternative to the ambulance service, when it was already flooded with calls and had limited resources, Lizanne Harland confirmed that the volunteer transport service was being looked at where people did not require an ambulance but NHS South Gloucestershire was conscious of the limitations of community transport. She agreed to discuss this further outside of the meeting.

In response to a question about medical beds not always being available for patients, and the implications this had for handover and the flow of patients from the Emergency Department to a medical bed to discharge, Lizanne Harland acknowledged the issue. To try to address this she said that last year direct admission was included in the contract so, if appropriate, the Emergency Department could be bypassed. They were also looking at short-stay admissions that could be provided in the community and Hot Clinics had recently been set up.

In reply to a comment about the waiting times at the Emergency Department, Lizanne Harland reported that discussions were ongoing and NHS South Gloucestershire was trying to publicise the other options open to patients via its Choose Well campaign. However, patients could choose to present at the Emergency Department, rather than a Minor Injury Unit, even though a Minor Injury Unit might be more appropriate for them. One option NHS South

Gloucestershire was considering was whether to redirect patients with minor injuries from the Emergency Department so that they would be seen quicker and reduce waits at the Emergency Department.

In relation to the Choose Well leaflet and how it was distributed, Lizanne Harland explained that the leaflet had not been sent to every household because of the cost, however, there had been a targeted distribution, which included GP surgeries and Emergency Departments, and it had been attached to repeat prescription bags. The LINk had also received details with the intention of putting it onto its website.

In response to whether there were instances of calls being incorrectly categorised by GWAS, Lizanne Harland said that this had not been an issue. GWAS used algorithms to ensure that calls were correctly categorised as A, B or C.

In reply to a question on Emergency Care Practitioners (ECPs), Lizanne Harland confirmed that they were employed by both GWAS and NHS South Gloucestershire. The latter employed ECPs directly within provider services, for example with doctor surgeries and alongside the out of hours service. GWAS also employed ECPs and Advanced Paramedics and next year there would be 'see and treat' and 'hear and treat' tariffs in order to incentivise GWAS to train paramedics to an advanced level to treat more people in the community. It was hoped that there would be a pilot on this next year.

In reply to a question around the monitoring of GWAS' performance Lizanne Harland said that there were now meetings for the whole of BNSSG, and NHS South Gloucestershire also met monthly with NHS Gloucestershire (the lead commissioner). She added that if performance dropped she personally contacted GWAS to find out what was happening and the Joint Scrutiny Committee for GWAS also received details.

In answer to a question regarding delayed discharge, Lizanne Harland said that her colleague met regularly with the Council and NBT to monitor the situation. She explained that it was a constant learning process and there were lots of options for tackling it. Discharge rates had been improving recently, but winter pressures were now having an impact.

RESOLVED:

1. That the Service Manager be thanked for the report and the content be noted.
2. That the improvement in GWAS performance in 2010-11 be noted.
3. That the performance monitoring arrangements in place within NHS South Gloucestershire be noted.
4. That the non-conveyance project to re-triage Category B and C calls to community based services be noted.
5. That the joint actions to address ambulance handover delays both locally and across BNSSG area be noted.

6. That the suggested commissioning intentions for 2011-12 be noted.
7. That a further update report be presented to the Select Committee in due course.