

**Great Western Ambulance Service Joint Health Overview and Scrutiny Committee**

**Friday 17 September 2010**

**Gloucestershire County Council, Shire Hall**

**MINUTES**

**Present:**

**Councillors:**

Councillor Andrew Gravells (Gloucestershire County Council) – Chair. Councillors Anthony Clarke (Bath & North East Somerset Council), Adrian Inker (Bath & North East Somerset Council), Lesley Alexander (Bristol City Council), Sylvia Townsend (Bristol City Council), Jenny Smith (Bristol City Council), Ron Allen (Gloucestershire County Council), Sheila Jeffery (Cotswold District Council), Sue Hope (South Gloucestershire Council), Reyna Knight (North Somerset Council), Andrew Bennett (Swindon Borough Council), Christine Crisp (Wiltshire Council), Mike Hewitt (Wiltshire Council), Ian McLennan (Wiltshire Council)

**Others:**

Jonathan Lofthouse (Great Western Ambulance Service), Tim Stockings (Great Western Ambulance Service), Victoria Eld (Great Western Ambulance Service), John Oliver (Great Western Ambulance Service), Nicki Millin (NHS Gloucestershire), Becky Parish (NHS Gloucestershire), Albert Weager (Gloucestershire LINK), Ros Low (Wiltshire Council), Romaine de Fonseca (Bristol City Council), Sally Smith (Swindon Borough Council), Elizabeth Power (Gloucestershire County Council).

**Apologies:**

Councillors Sharon Ball (Bath & North East Somerset Council), Sandra Grant (South Gloucestershire Council), Andy Perkins (South Gloucestershire Council), Ann Harley (North Somerset Council), Anne Kemp (North Somerset Council), Michael Bray (Swindon Borough Council), Peter Mallinson (Swindon Borough Council).

**135. Declarations of Interest (Agenda Item 2)**

There were no declarations of interest.

**136. Public Question Time (Agenda Item 3)**

No public questions were received.

#### **137. Chair's Update (Agenda Item 4)**

The Chairman reported that he was very proud to put his name to a recent press release about GWAS becoming the most improved ambulance service in England. He said that the improvement over the last three years was impressive. He asked Jonathan Lofthouse to take congratulations back to all GWAS staff and to pass on the message that all elected members in the GWAS region appreciated the work done to achieve this improvement.

#### **138. Minutes of the meeting held on 11 June 2010 (Agenda Item 5)**

Resolved – that the minutes be approved as a correct record.

#### **139. Monthly Performance Information (Agenda Item 6)**

Jonathan Lofthouse (Director of Service Delivery, GWAS) introduced this report, comprising (i) the Commissioners' Monthly Report for activity in July 2010, (ii) the Board Performance Report August 2010 and (iii) Hospital Handover Times – July 2010.

Jonathan Lofthouse and Nicki Millin responded to individual members' specific questions on the following topics:

- Drop in South Gloucestershire, Cotswold and Kennet figures

The Primary Care Community is in the process of amending some of the service access pathways. The GP community is exploring different care pathways prior to GWAS involvement, e.g. PCT staff carrying out health screening. The developing new system might affect statistics and ability to respond, as one fleet is used across all categories. GWAS is talking to South Gloucestershire PCT to ensure that concerns are managed.

Patients are often diverted to Frenchay from Bristol Royal Infirmary (BRI) and Royal United Hospital, Bath (RUH). Efforts to improve patient flow have been successful but diversions slow it down again.

Kennet continues to be a concern regarding available resource. It is very expensive to keep a 24-hour resource in areas where call volume is low. The Wiltshire Fire and Rescue Co-Responder Schemes will continue to improve response times. GWAS will supply the Wiltshire Fire service with a Rapid Response Vehicle (crew of two), which can deploy quicker than the fire appliance (crew of six). Wiltshire Council is already working with the PCT and providing funding.

Cotswold performance is still below 75% although there has been some improvement. The Co-Responders scheme is being taken forward quickly with Gloucestershire Fire

and Rescue Service and St John's Ambulance. From November there will be a new vehicle and crew on duty from Cirencester Hospital. There will also be 30 new full-time paramedics, funded by NHS Gloucestershire. There was discussion of whether PCSOs and/or the police force could be part of the co-responder scheme.

Resolved – (1) That GWAS send further figures relating to South Gloucestershire to Councillor Sue Hope

(2) That the Chairman writes to the Chief Executives of the Acute Trusts of BRI and Frenchay to ask what they are doing to address the diversion issues. Copies to David Whiting, South Gloucestershire PCT, Gloucestershire Hospitals NHS Foundation Trust, NHS Gloucestershire and local MPs

(3) That the Chairman writes to the Chief Executive of Royal United Hospital Bath to congratulate the Trust on its handover times and ask that they share their successful methods with the committee and with other Trusts in the region.

(4) That GWAS will share the contact details for the CFR Lead Manager for Wiltshire with local Members

(5) That the Chairman email Dave Whiting and ask for his thoughts about working with police authorities and PCSOs

(6) That Jonathan Lofthouse take concerns back to the Gloucestershire CFR management team about responding to people interested in becoming CFRs, and that they respond to Cllr Gravells and Cllr Jeffery.

- GP screening

Primary care staff are encouraged to use alternative care pathways, which may be more appropriate than an ambulance. A lot of areas are using a Single Point of Clinical Access (SPCA). This enables a GP to phone and ask advice about appropriate treatment.

- Appropriate care pathways

All 999 calls are screened in the same way across the country. Ambulance crews are encouraged to manage patients appropriately, for example by calling another health professional to take over if A&E treatment is not required. The service is changing and delays may occur while new processes settle.

- Charging for ambulances

GWAS does not charge anyone who uses its ambulances. Under the Road Traffic Act, insurance companies can charge a policy holder if an ambulance responds to a road

traffic accident. A charge of £21.40 is paid to The Treasury to contribute to the care of the patient. Members expressed concerns that rumours in the community about charges could put people off calling an ambulance.

- Air Support Unit Sickness Absence (page 48)

The Air Support Unit has a staff of six. Any absence therefore shows as a large percentage.

- Patient handover

The local LINK plans to carry out unannounced Enter and View visits to Gloucestershire Royal Hospital with reference to patient handover. Penalties for significant delays have been applied by NHS Gloucestershire and will follow in the other counties from next financial year. The Chairman said he already receives ambulance handover delays on a weekly basis and is in regular email contact with the Acute Trust Chief Executive about them. GWAS communicates daily with the Acute Trusts about delays. Ambulance crews are allowed 15 minutes to hand the patient into hospital care, and 15 minutes to prepare the ambulance for the next patient. A project is running to improve the data capture of crews going into hospitals. Data terminals are used in A&E to enter information, and this is monitored 24/7. Crews can see the impact that their performance is having on patient flow.

- Trust Education Plan (page 47)

This is an education programme to up-skill staff. Historically, ambulance technicians and care assistants have been released from duties to follow OU programmes. In the next three to five years, the majority of training will be university-based, for 20-25 people per year. The Strategic Plan states that there will be a paramedic on every frontline vehicle by 2013. All frontline staff still receive mandatory training on four days per year.

- Ambulance crews and security

Hospitals are not unduly penalised for poor performance caused by crews being delayed by having to manage challenging and difficult patients.

- AED

The AED gives spoken instructions in English, and has a schematic diagram on the lid of the case. Different models of AED are available, but they all work in the same way and can be used by anyone.

#### **140. Update from HOSCs (Agenda Item 7)**

There was discussion of the following issues:

- Patient Transport Service (North Somerset Council)

The PTS Contract covering Bristol Royal Infirmary, Frenchay and Weston Hospitals was secured by GWAS through a national tender process, to go live on October 1<sup>st</sup>. The use of taxi firms will be reduced, and the number of substantive staff employed by GWAS will be increased, so that PTS vehicles are staffed by trained health professionals. Smaller, single wheelchair vehicles will be used, which will improve passenger comfort and journey time. There are transferrable benefits and efficiencies in this particular model which could be transferred to other Patient Transport Services without the need to re-tender. NHS Gloucestershire will review the roll-out of the new service and use that information to improve the service.

- Health White Paper

Resolved – (1) There was broad agreement that the committee make the following recommendations to the Department of Health:

- (i) That the scrutiny function remains
- (ii) That scrutiny committees retain their power to refer to the Secretary of State
- (iii) That joint committees remain

#### **141. Report from Joint Working Group (Agenda Item 8)**

The Chairman thanked Albert Weager for his report, which was noted.

#### **142. Review of Terms of Reference of GWAS Joint Health Scrutiny Committee (Agenda Item 9)**

The revisions to the Terms of Reference were agreed. A further revision to membership (page 70) was proposed by Albert Weager.

Councillor Gravells was nominated for the position of Chairman by Sylvia Townsend and seconded by Sheila Jeffery, and was duly elected.

It was agreed that the necessity to meet four times a year no longer exists.

Resolved - (1) That the TOR be amended to name the LINK as a non-voting co-optee.

(2) That Cllr Gravells be re-appointed as Chairman for a further 12 months

(3) That the committee will meet every four months from now on

#### **143. Work Programme and Dates of Future Meetings (Agenda Items 10 & 11)**

The work programme for the next meeting was agreed. The proposed dates of 21 and 28 January 2010 will be checked again with South Gloucestershire Council which has offered to host the meeting.

**144. Urgent Business (Agenda Item 12)**

Jonathan Lofthouse announced that he was to leave GWAS to return to London after a 15 month placement. In that time GWAS had improved and stabilised. He thanked the committee for their healthy challenge, and said that it had been a pleasure to work with the JHSC. On behalf of the committee, the Chairman thanked Mr Lofthouse for his contribution to turning GWAS around. He thanked him for his professionalism and courteous answers to questions, and wished him the best of luck in his future career.

The meeting closed at 12.35pm.