



Department
of Health

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*From the Lord Prior of Brampton
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Thank you for your letter of 8 June to Jeremy Hunt about the Review of Ambulance Services in Cheshire East.

I would also like to thank you for providing me with the council's comprehensive review of ambulance services in your area.

Departmental officials have made enquiries with the North West Ambulance Service NHS Trust (NWAS) and the Eastern Cheshire Clinical Commissioning Group (CCG). I am advised that NWAS was actively engaged with the East Cheshire Overview and Scrutiny Committee in this review. East Cheshire CCG advises that the concerns raised by the Council are understandable and the CCG recognises that performance in East Cheshire has been historically poor. I am advised that initial benchmarking work undertaken by the CCG on behalf of Cheshire, Warrington and Wirral CCGs indicates that this variation in performance is not unique to East Cheshire, but reflective of similar challenges across the country.

I am further advised that North West CCGs have invested significant resources in improving local emergency care systems to help improve ambulance performance. This includes a range of care home schemes, local acute visiting schemes and working with local hospitals to reduce ambulance turnaround times. In addition, NWAS has highlighted the introduction of new ways of working that can help to improve performance in such areas. For example, the East Cheshire area now has two community paramedics based in the local community that NWAS believes will bring real benefits to the local population.

The council's review makes a number of recommendations which are matters for the local NHS and health economy partners. I understand you have asked for their responses by 19 August. The review also makes some recommendations for the

Department of Health (and NHS England) which I am happy to respond to in detail below:

Recommendation 2.6.1 The Department of Health and NHS England review the way emergency ambulance services are measured on performance to ensure the health outcomes of patients are considered to bring them in line with other NHS bodies' performance measurement as well as maintaining access targets to ensure a fast and effective service

and

Recommendation 2.6.2 The Department of Health and NHS England review the access targets set for emergency ambulance services to ensure they are relevant to the current way ambulance services operate as part of the wider health service and ensure they are focused on providing a timely response to all genuinely life threatening episodes.

Under the Ambulance Response Programme, NHS England is currently piloting changes to the way that the ambulance service responds to calls, to help improve patient outcomes and help ambulance services better manage demand. There are three key elements of the programme, which are being trialled and independently evaluated:

- the use of a new pre-triage set of questions to identify those patients in need of the fastest response at the earliest opportunity (Nature of Call);
- dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need (Dispatch on Disposition); and
- a new evidence-based set of clinical codes that better describe the patient's presenting condition and response/resource requirement.

NHS England will provide advice to the Secretary of State on proposed changes to the ambulance standards following the completion of the evaluation later this year. Should the pilots result in changes to the way the ambulance service responds to calls, performance measures appropriate to these changes will also be implemented by commissioners.

Recommendation 2.6.3 The Department of Health and NHS England review the geography over which performance of ambulance service trusts is assessed to provide a greater accountability of trusts to each individual commissioning area to promote greater equality of access for all patients regardless of where they live.

Ambulance trusts are held to account for the services they provide by local commissioners, who have the freedom to determine specific local measures of



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performance alongside the national access standards. Accordingly, I would encourage you to raise your suggestions directly with local commissioners.

Recommendation 2.6.4 The Department of Health and NHS England review the way emergency ambulance services are commissioned in relation to Green calls to provide greater flexibility for local areas to design services aimed at local needs and achieving local outcomes as part of the local health and care system therefore contributing to reducing demand for ambulance response to non-life threatening 999 calls.

Green call response standards are already defined locally by commissioners and ambulance trusts. I would therefore encourage you to discuss any suggestions you have direct with the local NHS.

Recommendation 2.6.5 The Department of Health and NHS England support efforts to enable paramedics to be trained and authorised to prescribe medication to patients to reduce need for other health services to also respond to the same incident.

NHS England believes that paramedic prescribing will improve care to patients and enable ambulance services to treat people at home or in the community without the need to transport them to A&E, when clinically appropriate. The Department is also supportive of this view.

Following a public consultation in 2015, the consultation results were presented to the Commission on Human Medicines for its consideration in October 2015. The Commission did not support the proposal to introduce independent prescribing by paramedics at this stage.

NHS England continues to work collaboratively with the Commission and the Department of Health to develop this proposal with a focus on addressing the feedback received from the Commission.

Recommendation 2.6.6 The Department of Health and NHS England review how patients with mental health needs are triaged and calls coded to ensure a timely response from emergency ambulance services to non-life threatening calls so that additional issues for the patient are avoided.

The Ambulance Response Programme is trialling a new evidence-based set of clinical codes that better describe the patient's presenting condition and response/resource requirement, including for mental health needs. NHS England will provide advice to

the Secretary of State on any proposed changes following the completion of the evaluation later this year.

Additionally, the Association of Ambulance Chief Executives has issued guidance to ambulance trusts in England designed to improve the speed of response to patients detained under S136 of the Mental Health Act.

I hope this reply is helpful.

*Yours
David*

DAVID PRIOR —