



Health and Adult Social Care Overview and Scrutiny Committee



Ambulance Services Review

Final Report (Draft)

April 2016

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1.0 Chairman's Foreword

- 1.1 Since Cheshire East was formed in 2009 Health Scrutiny has closely monitored response time performance for North West Ambulance Services NHS Trust and councillors have been concerned about the comparatively poor figures for Cheshire East. When our Committee considered the statistics in April 2015 and performance was still lower than other parts of the North West members agreed that the Committee needed to do something more to address the issue which is why we undertook this review.
- 1.2 This Committee believes that everyone, whether living in rural or urban areas, should have equality of access to emergency services. The services provided by North West Ambulance Services are invaluable and staff work tirelessly on our behalf. However more needs to be done to ensure our residents get the same access to services as others.
- 1.3 The way services are commissioned and monitored currently contributes to inequalities and we would like to see changes made at a national level to address this. Current contracting arrangements do not take into account local needs and local outcomes. We also feel that a lack of analysis of health outcomes and monitoring services against those reduces the ability of bodies like ours to assess whether services are safe and effective for our residents.
- 1.4 I would like to thank all of the Stakeholders and Witnesses who contributed to this valuable report. The Committee commends this report to the Department of Health and NHS England to request that changes to the current system of commissioning and monitoring be considered. We also hope that NWAS and the local CCGs take our recommendations into consideration when planning future services to improve the services for our residents further.
- 1.5 I would finally like to thank James Morley, who facilitated this whole process and contributed enormously to this report.

Councillor Jos Saunders

Chairman of the Health and Adult Social Care Overview and Scrutiny Committee

Committee Membership

Councillor Jos Saunders (Chairman)
Councillor Liz Wardlaw (Vice Chairman)
Councillor Damian Bailey
Councillor Rhoda Bailey
Councillor Beverley Dooley
Councillor Steven Edgar
(Substitute for Gill Merry on 19 Feb 2016)

Councillor Laura Jeuda
Councillor Dennis Mahon
(Substitute for Arthur Moran on 19 Feb 2016)
Councillor Gill Merry
(Attended on 24 March 2016)
Councillor Arthur Moran
(Attended on 24 March 2016)

2.0 Report Summary and Recommendations

Report Summary

- 2.1 The Health and Adult Social Care Overview and Scrutiny Committee (the Committee) conducted this review to address an alleged underperformance of ambulance services in Cheshire East, compared with other areas in the North West region, particularly in relation to response times for emergency calls. The Committee chose to carry out a select committee style review with an intensive programme of information gathering a questioning to complete the review in a short space of time.
- 2.2 The Committee has found that while paramedics, community first responders, and other health and care providers and volunteers are fully committed and appear to be doing an excellent job of providing a caring and effective service to patients there are issues with the equality of access to services. While the Committee recognises some of the issues faced with delivering a service to rural areas it does not accept that residents' level of access to services should be lower than that of people in urban areas because of where they live. The Committee notes North West Ambulance Service NHS Trust's performance in relation to some other ambulance service provider trusts. The Committee is pleased to see that performance against access targets in 2015/16 in Cheshire East appear to have improved from 2015/15 however more still needs to be done to provide equality with other areas in the North West.
- 2.3 As long as ambulance service providers are assessed on a region target of 75% achievement of the 8 minute target for red calls, with pressure on budgets that force them to make difficult decisions about services, there will continue to be disparity between urban and rural areas. The Committee believes that changes need to be made to the way ambulance services are assessed, with a much greater focus on local, CCG level targets. Ambulance Services also need to be brought more inline with other NHS services by assessing them on more patient and clinical outcomes as well as access targets. Nationally, ambulance services need to be recognised more for the ever increasing clinical and care services that they are providing and less emphasis should be placed on their role as a transport service. Ambulances are no longer just patient transport units, they are mobile treatment centres. The Committee believes that a patient's outcomes provide a much better indication of the quality of a service than simple access targets alone; however it emphasises that focus on getting to people in great need quickly should not be lost.
- 2.4 Health and care providers in Cheshire East are working hard to ensure that there is a safe and effective service for patients and there are a lot of good examples of organisations working together to achieve mutual objectives. These initiatives need to be supported and coordinated effectively to sustain their positive impact on reducing unnecessary demand and increase quality of services. The provision of more alternative services, across a seven day week, provide the most appropriate response to patients needs, will help ambulance services increase the use of 'see and treat' and reduce the need to take patients to hospital (helping acute trusts reduce unnecessary demand), and reduce demand for ambulance services (unnecessary 999 calls).
- 2.5 The Committee is very pleased with the commitment and cooperation that all stakeholders have shown to this review. Their contributions demonstrate the dedication that we all share towards

maintaining and improving the wellbeing of our residents/patients. The Committee hopes that this review and its recommendations will contribute towards changes that will help to improve access to services and outcomes for Cheshire East residents and, potentially, be a guide to our statistical neighbours around the country that may be experiencing similar issues.

Recommendations

- 2.6 To ensure that Cheshire East residents are provided with a safe, effective and quality emergency ambulance service with equality of access to residents in the rest of the North West and England the Committee recommends that:
- 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.
 - 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.
 - 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.
 - 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.
 - 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.
 - 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.
 - 2.6.7 Cheshire and Wirral Partnership NHS Foundation Trust and North West Ambulance Services NHS Trust work together with Cheshire East Council, NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group to ensure that there is sufficient capacity in the mental health care system to support patients in the Borough and avoid lengthy out of area journeys which take ambulance crews out of use for long periods.
 - 2.6.8 North West Ambulance Services NHS Trust ensures equality of access to emergency ambulance services for Cheshire East residents in comparison with other areas of the North West by ensuring sufficient provision of Rapid Response Vehicles and/or Community First Responders to aid improved access to life saving treatment, particularly in rural areas.
 - 2.6.9 North West Ambulance Services NHS Trust process and report paramedic emergency service response time data at smaller geographical levels to provide greater detail in

relation to the performance to better identify communities/areas where efforts to improve performance can be targeted.

- 2.6.10 North West Ambulance Services NHS Trust work with other local health care providers to develop a new approach to arranging Card 35 calls to ensure that these do not take place during peak activity for emergency ambulance services.
- 2.6.11 Cheshire East Council, NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group ensure that there are sufficient health and care services in place and available over a seven day week to ensure emergency ambulance services have sufficient alternative options to improve patient pathways and increase the use of 'hear and treat', 'see and treat' and 'see and convey elsewhere' to reduce non essential conveyance to hospital emergency departments.
- 2.6.12 North West Ambulance Services NHS Trust ensures that all call handlers, urgent care desks and paramedics crews have access to and utilise the Cheshire East Care Services Directory to ensure they are aware of alternative services available to them when deciding on a patient's pathway.
- 2.6.13 North West Ambulance Services NHS Trust in partnership with NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group work to maintain the role of Community Specialist Paramedics and expand their use across Cheshire East to provide alternative response to calls and work with partners to reduce demand for 999.
- 2.6.14 North West Ambulance Services NHS Trust in partnership with NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group consider how falls pick up and prevention service pilots can be fully implemented and expanded with greater co-ordination to avoid duplication and confusion, potentially through a single point of contact with all providers.
- 2.6.15 North West Ambulance Services NHS Trust, Cheshire Police and Cheshire Fire and Rescue Service consider ways to sustain initiatives to work together to improve call handling and triage of incidents to improve patient pathways and reduce unnecessary ambulance service requests.
- 2.6.16 NHS England Areas Teams in the North West work with acute trusts in the Region to ensure that lessons are learnt from East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust in relation to ambulance turnaround at emergency departments to reduce excessive waiting times.
- 2.6.17 Health and Care Bodies continue to follow the principle of the Empowered Person and maintain campaigns to education the public about supporting their own health and wellbeing and choosing the most appropriate health and care services when needed.
- 2.6.18 Cheshire East Healthwatch be requested to share the findings of its research into patient satisfaction with ambulance services with the Health and Adult Social Care Overview and Scrutiny Committee.
- 2.6.19 The Health and Adult Social Care Overview and Scrutiny Committee requests a response to the recommendations of the review from stakeholders and continues to monitor the development and implementation of new ways of operating and commissioning ambulance services with a follow up review to take place twelve months following the publication of this report.

3.0 Background

- 3.1 Since Cheshire East was formed in 2009 the various forms of Health Scrutiny that the Council has been in place have all given consideration to response times for North West Ambulance Services NHS Trust in the Borough. There has been concern about the apparent inferior response time target performance in Cheshire East compared with other areas such as Manchester and Liverpool for some time. In 2008 Cheshire County Council Health and Adult Social Care Scrutiny Select Committee had conducted a review of ambulance services, focus on Community First Responders and had found that response time performance had been poor in rural Cheshire compared to urban conurbations.
- 3.2 The Health and Adult Social Care Overview and Scrutiny Committee had most recently considered performance information in relation to response times at its meeting on 2 April 2015. Representatives of North West Ambulance Services NHS Trust (NWAS) attended the meeting and provided a presentation. The Committee was informed that activity in the two Clinical Commissioning Group (CCG) areas in Cheshire East had increased from 2013/14 to 2014/15. Achievement of the Red 1 and Red 2 case 8 minutes response time target for both CCG areas was consistently below the 75% with some months being particularly low (Dec 2015 close to 40% for R1 calls in Eastern Cheshire).
- 3.3 Following the meeting on 2 April 2015 the Committee had agreed to consider ambulance services again in the future. However rather than continue to receive information on response times as it has done previously the Committee wished to escalate the issue in an attempt to address the situation. At a work programme development workshop in September 2015 the Committee agreed to conduct a review ambulance services in Cheshire East.

4.0 Methodology

- 4.1 Initially the Committee had considered hosting a workshop style meeting or carrying out a task and finish group review. However it was agreed that a more effective approach to this issue would be to hold a select committee style review as used by Parliamentary Select Committees. The Committee was keen to ensure that this review did not simply focus on the main ambulance service provider and considered the impact that the whole health and social care system has on ambulance services and how all stakeholders can contribute to improving outcomes from patients.
- 4.2 On 19 February 2016, at the Municipal Buildings in Crewe, the Committee held a full day review meeting and invited a variety of stakeholders to attend to provide information and answer questions about how their organisation contributed towards ambulance services, what they thought challenges to services were and what initiatives might contribute towards making improvements to performance and provide better outcomes for patients in Cheshire East.
- 4.3 The meeting, held in public, was well attended by senior representatives of each stakeholder organisation who provided information to the Committee in the form of reports, PowerPoint presentations and oral or written statements. The Committee heard from Cheshire East Healthwatch who provided an overview of feedback on ambulance service they had received from patients. NWAS, the main provider of ambulance services in Cheshire East, provided a presentation on how it

operated and performance figures in Cheshire East. NHS Eastern Cheshire and South Cheshire Clinical Commissioning (ECCCG and SCCCCG) both attended with support from NHS Blackpool Clinical Commissioning Group to provide a presentation about commissioning of ambulance services and their views on performance and future working. Other stakeholders such as Cheshire Fire and Rescue Service (CFRS), Cheshire Police, Mid Cheshire Hospitals NHS Foundation Trust (MCHFT), East Cheshire NHS Trust (ECT), Peaks & Plains (P&P) Housing, Wulvern Housing, Cheshire and Wirral Partnership NHS Foundation Trust (CWP) as well as commissioners and service providers from Cheshire East Council also attended and provided information.

- 4.4 The Committee used the meeting in Crewe as a 'fact finding' day and adjourned the meeting until a further half day session on 24 March 2016, at the Town Hall in Macclesfield, where the Committee received additional information (requested on 19 February) and discussed its conclusions and recommendations. Appendix A provides the minutes of the meeting.

5.0 Views from the Public

- 5.1 Cheshire East Healthwatch submitted some views from the public on the experience they had from ambulance services. Healthwatch has not received many stories about ambulance services however it is looking to collect more detailed stories about ambulance services in the future. The stories that it has received have been mixed. There are stories about the efficient and professional service that patients received however there are also stories about people experiencing long waits which have had a detrimental impact on their wellbeing. This was particularly in relation to Green calls. It was noted that each of the stories Healthwatch received reported that ambulance staff were professional, caring and efficient at all times. In response to Healthwatch's submission NWAS informed the Committee that their Communications Team works with all Healthwatch organisations in the region to try to learn from the experiences of patients.

Key Findings

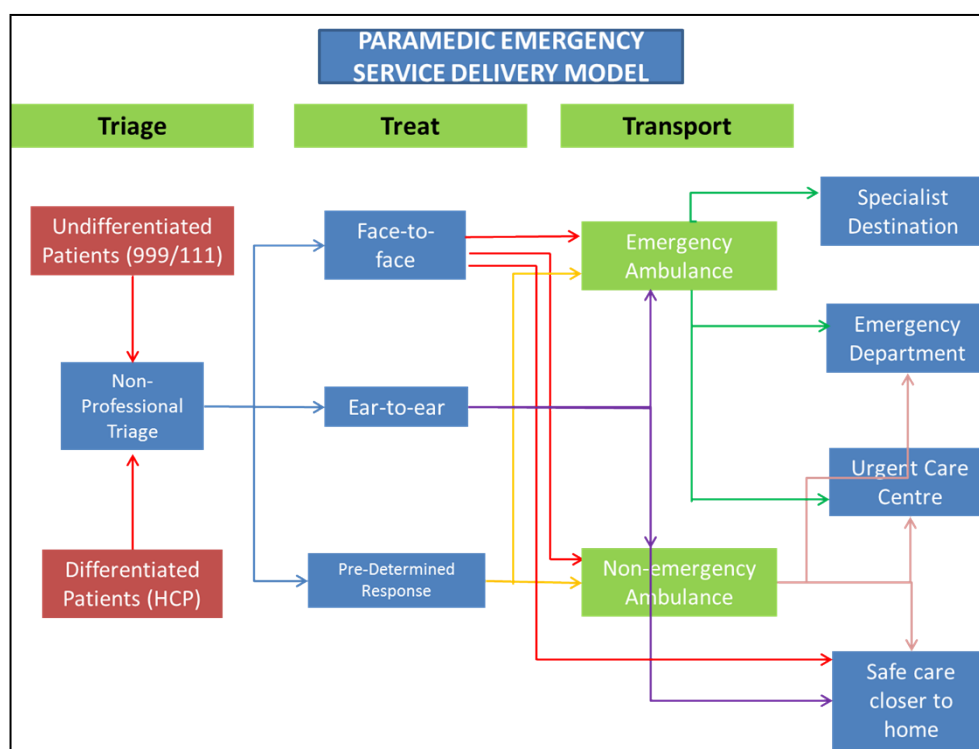
6.0 Emergency Ambulance Services Provision

- 6.1 NWAS currently provides emergency response services to the whole North West region which covers 33 CCGs, 1,420 GP practices and 29 Acute Trusts. NWAS receives 1.3 million 999 calls per year and responds to 950,000 patient episodes. Calls are managed virtually from three emergency control rooms in Liverpool, Manchester and Preston. NWAS also carries out 1.2 million Patient Transport Service (PTS) journeys in Cheshire, Lancashire, Merseyside and Cumbria. From 1 July 2016 NWAS will also provide patient transport services to the people of Greater Manchester and a new service provider (West Midlands Ambulance Service NHS Foundation Trust) will take over the contract from NWAS in Cheshire following a recent tender process by local CCGs. NWAS also provides the NHS 111 nonemergency call service for the North West region.
- 6.2 Some of the key challenges faced by NWAS are: balancing the level of activity it has to deal with against achieving response time targets; balancing what the service can offer with the expectations of the public and other services; financial challenges through budget pressures; and adjusting to the large scale reconfigurations which are currently taking place in the NHS (e.g. transformation

programmes like Caring Together, Connecting Care and Healthier together in Manchester; Greater Manchester Devolution and the Blue Light Collaboration)

- 6.3 The role of ambulance services has changed over recent years from the traditional view of 'scoop and run' (conveying patients directly to hospital) to a much more complex and technical health care provision. Paramedics are not simply ambulance drivers but are clinically trained health care professionals with a skillset which 10 years ago would only have been provided in a hospital setting or GP practice. There is now a lot more focus on ambulance services providing as much treatment and care as possible at the scene, and for patients to receive care from alternative service providers in an attempt to reduce the conveyance of patients to hospital when there is not a need for acute care.

Figure 1



- 6.4 There are three stages to the Paramedic Emergency Service Delivery Model: Triage, Treat, and Transport (fig. 1). Triage is carried out when a 999 or 111 calls is received to determine the call category/code and the appropriate response; if a patient is a green category call they are more likely to have a longer wait for a response than red calls. If this happens the urgent Care Desk will call back to reassess the call and potentially re-categorise. Treatment takes place in three ways: Face to face by paramedics (See and Treat), ear to ear during 999 and 111 calls (Hear and Treat), or via a predetermined response. Transport (Treat and Convey) is either provided by an Emergency Ambulance or a Non-emergency Ambulance depending on the patient's requirements. Figure 1 shows four outcomes/destinations for the patient. A Specialist destination would be a specialist hospital which provides specialist care (e.g. hyper acute stroke services). Emergency Department (ED) would involve transporting the patient to the nearest acute hospital ED (also known as A&E) for advanced diagnosis and treatment. Urgent Care Centres would be an alternative to ED. Safe care closer to home covers a wide variety of outcomes, including a patient being supported to remain in their own home with self care/carer support or referral to another care service provider. There is

now a significant focus across the health and social care sector to increase opportunities for patients to remain in their own homes or receive care as close as possible to home and reduce the unnecessary use of emergency departments to ease pressure on acute trust services and budgets. Ambulance Services play a part in this drive by provided as much treatment as possible at the scene and ensuring call handlers and ambulance crews are making the best decisions about a patients needs.

Figure 2

Call Category	Description	Response Time	Acuity Level
Red 1	Life-threatening requiring intervention and ambulance response. Clock start time when the call hits NWAS switchboard.	8 minutes	
Red 2	Immediately life-threatening requiring ambulance response. Clock start time once chief complaint (what is wrong with patient) has been established.	8 minutes	
Green 1	Serious but not life-threatening / Serious clinical need requiring ambulance response.	20 minutes	
Green 2	Serious but not life-threatening / Less serious clinical need requiring ambulance response.	30 minutes	
Green 3	Non-life threatening / Non-emergency - requiring telephone assessment/response.	1 hour	
Green 4	Non-life threatening / Non-emergency - requiring telephone assessment.	4 hours	
Card 35	Routine clinical transfers requiring an ambulance response	Planned and pre-determined	

6.5 Figure 2 shows how 999 calls received by NWAS are categorised by call handlers. The triage system that call handlers use is designed to establish whether a call is life threatening or not, and the location, within the first few questions and ambulances are dispatched to the location as soon as possible. If, through triage, it becomes apparent that an emergency ambulance is not required then the ambulance will be stood down. Ambulances are dispatched in this way because the 8 minute target time for Red 1 and Red 2 calls starts when the 999 call is connected to the switchboard.

6.6 Figure 3 illustrates NWAS's Paramedic Emergency Service (PES) response time performance for Red 1 and Red 2 calls in 2014/15 compared with 2015/16 for each county in the North West. All ambulance services in England are set a target of 75% successful achievement of the Red 1 and Red 2 response time target of 8 minutes and a 95% success rate target for ensuring a patient carrying unit is on scene for Red 1 and Red 2 calls within 19 minutes. Ambulance Trusts are assessed at a national level by NHS England on their overall achievement of the targets across the footprint (i.e. whole North West Region). Figure 3 shows that NWAS achieved its regional target for Red 1 calls in the third quarter of 2015/16 however missed the other regional targets. Performance has improved on the previous year for quarter three however the figures provided do not indicate whether this performance level has been sustained throughout 2015/16.

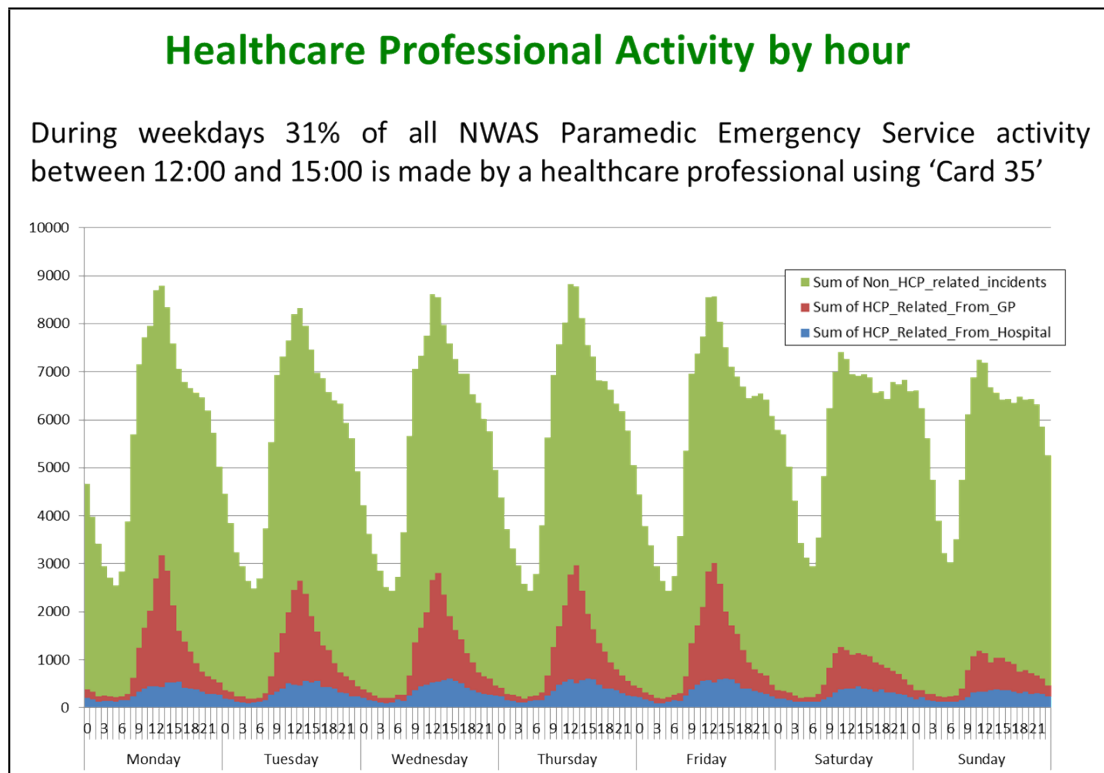
Figure 3

PES Response Time Performance						
2014/15				End of Quarter 3 - 2015/16		
	Red 1	Red 2	A19%	Red 1	Red 2	A19%
NWAS Overall	69.16%	69.52%	93.15%	76.85%	73.86%	94.22%
Greater Manchester	68.61%	69.37%	94.33%	79.42%	74.78%	95.0%
Lancashire	68.40%	69.01%	91.29%	73.00%	71.89%	92.96%
Cheshire	66.49%	66.78%	93.70%	73.27%	71.43%	95.42%
Merseyside	74.81%	73.79%	94.68%	81.98%	78.47%	96.12%
Cumbria	65.06%	66.66%	85.61%	66.42%	67.2%	84.93%
Call Handling			84.55%			96.15%

- 6.7 The achievement of NWAS's 75% target for Red 1 calls in 8 minutes can be attributed to the Trust's higher performance in Merseyside and Greater Manchester. The figures also show that the success rate for responding to Red 1 and Red 2 calls within 8 minutes is higher in Greater Manchester and Merseyside than the other counties. This is attributed mainly to the geographical characteristics of the areas, with Greater Manchester and Merseyside being smaller in size and with greater population density in their major urban conurbations (i.e. Manchester and Liverpool). With a smaller area to cover and better transport infrastructure it is easier for ambulance to reach patients within the 8 minute target.
- 6.8 Compared nationally to other Ambulance Service Trusts NWAS is performing relatively well with higher achievement of the Red 1 and Red 2 response time targets than most of the other trusts. Only West Midlands Ambulance Services NHS Foundation Trust (WMAS) appears to have had higher achievement of the targets than NWAS between April and December 2015. Most of the ambulance service trusts in England appear to be struggling to achieve the 75% and 95% targets for Red calls. Only NWAS, WMAS and South West Ambulance Service NHS Trust achieved the 75% target for Red 1 calls during that period.
- 6.9 NWAS explained to the Committee that there are a number of factors which affect the achievement of the 8 minute performance targets. These included: Geography (as discussed above); Increased Demand (case mix); Service Configurations and Availability; Hospital Turnaround Times; Public Events/Holiday Destinations; Local Demographics; Behaviours (Public, NWAS, GP etc); Surge in GP and Health Care Professional (HCP) referrals. During weekdays 31% of all NWAS PES activity between 12:00 and 15:00 is made by a healthcare professional using 'Card 35'. As shown in Figure 2, Card 35 is a routine clinical transfer requiring an ambulance response. This means that during three hours on a given afternoon 31% of ambulances are unable to respond to other emergency calls because they are responding to Card 35 calls (fig.4). It was suggested that there may be opportunities to change

the way Card 35s are planned to ensure that none take place during peak activity for emergency calls.

Figure 4



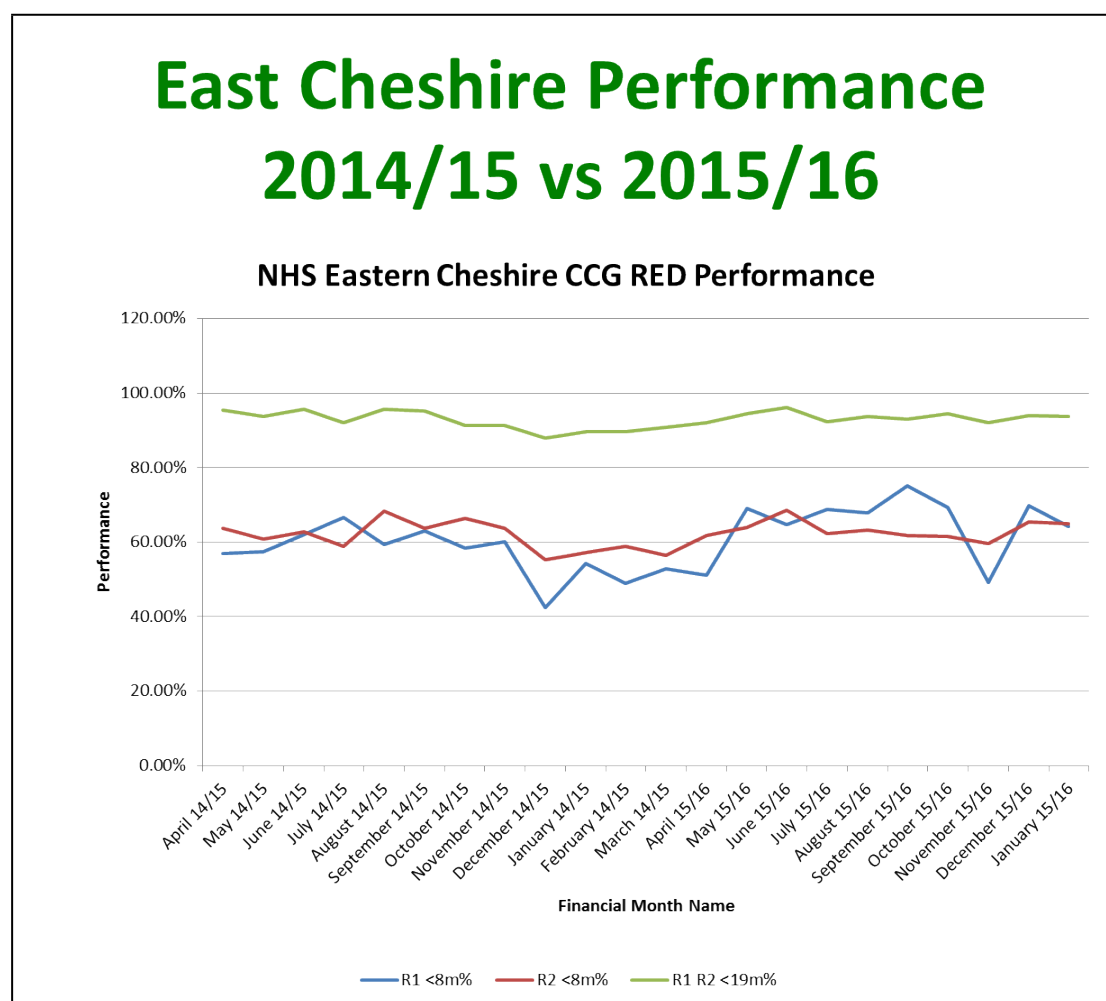
6.10 NWS uses data to predict demand for services through the day to align its staffing levels effectively. This allows the service to work effectively by ensuring adequate staffing levels during peak periods. However there are limits to the level of ambulances available at any one time and during periods of high demand NWS struggles to deal with all cases quickly. Red 1 and Red 2 calls are always prioritised meaning that Green calls which are less serious can be pushed back, leading to an extended waiting time. Call Handlers monitor these cases and periodically contact patients to assess whether conditions have deteriorated and need to be escalated. Patients are also advised to contact the Service again if the patient's condition has deteriorated.

6.11 Looking more closely at Cheshire East, figures 5 and 6 show NWS performance regarding Red 1 and Red 2 response times in Eastern Cheshire CCG area and South Cheshire CCG area respectively from April 2014 to January 2016. The charts illustrate a general trend of improving performance however do show varying levels of performance through time with some particularly poor periods. Some of these peaks and troughs have been attributed to seasonal issues such as greater demand during winter months. Response time performance in South Cheshire CCG area is slightly higher than in Eastern Cheshire CCG area with more consistency through time. This, like the regional performance, has been attributed to the characteristic of the two areas with the larger urban conurbation of Crewe in South Cheshire enabling ambulances to reach more cases quicker.

6.12 Between 2014/15 and 2015/16 calls received by NWS increased by 9% which is considered to be much higher than is sustainable. One of the main issues faced by NWS in relation to managing demand is the number of 999 calls it receives when the cases do not require an emergency

ambulance or conveyance to hospital. There appears to be a significant gap between the public perception and expectations of 999 and the real purpose of 999 and emergency services. Acute Trusts also experience this issue with a significant number of people attending Emergency Departments when they do not require emergency care or admission to hospital which puts unnecessary pressure on services and budgets. NHS 111, Urgent Care and Minor Injuries Units, GP practices and Pharmacies are all examples of alternatives to 999 and Emergency Departments for patients with non-emergency needs.

Figure 5

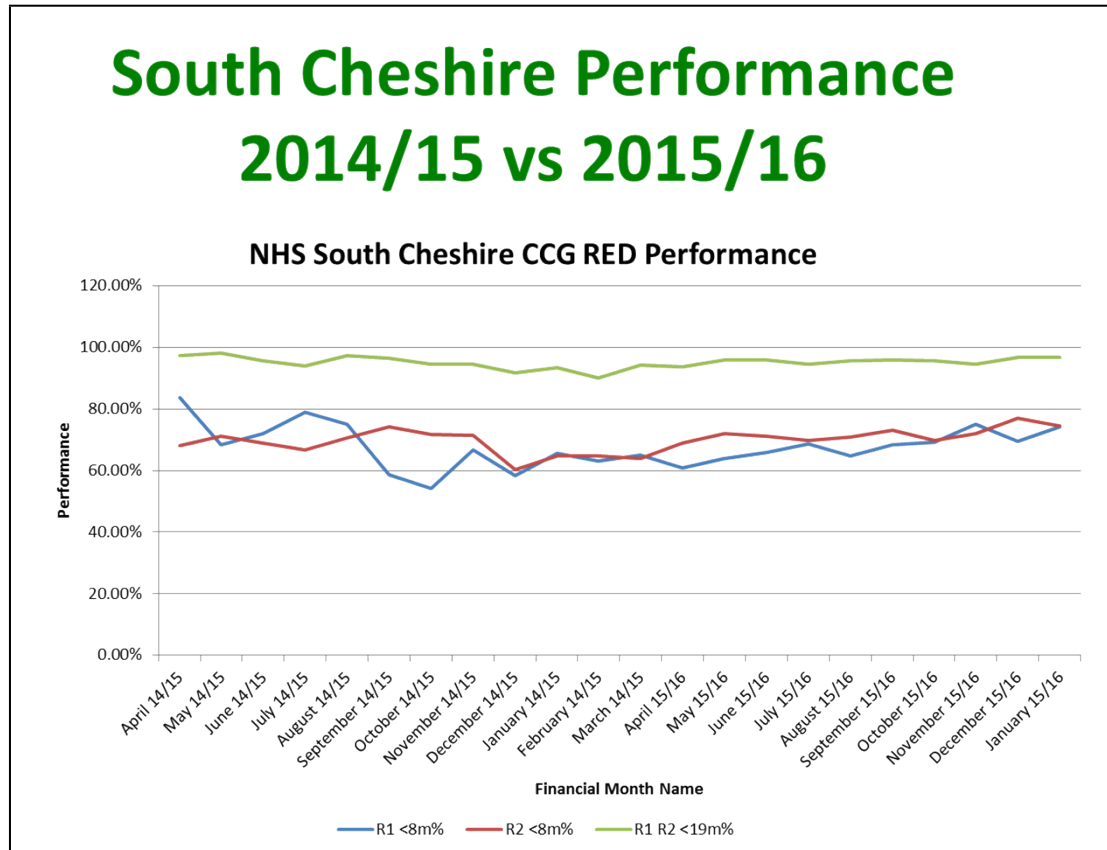


6.13 NWAS, along with partners in the NHS and Local Authorities, are working on publicity campaigns to educate the public about the complex variety of services available in the health and social care sector to help patients make better choices about which services, in any, to use dependent of their needs. ‘#Team999’ and ‘Make the Right Call are current examples of initiatives currently taking place to educate the public. It is unclear from this review whether such initiatives are/have been effective in influencing the perceptions, expectations and choices of the public.

6.14 One of the initiatives NWAS has undertaken to reduce demand is the development of the Frequent Callers Team. A frequent caller is classified as someone who makes five or more calls to 999 within 28 days, or 12 or more calls in three month, requesting emergency assistance. These frequent callers are identified to local area Community Specialist Paramedics (see para. 6.22) who engage with the callers to understand the reasons for their calls and help them to consider different ways of

engaging with health and care services. Between January 2015 and January 2016 NWAS identified 80 frequent callers in Cheshire East and carried out interventions with 45 of those. Following interventions NWAS has seen a reduction in the number of calls to 999 by those individuals of 76% and 79% in Eastern and South Cheshire CCG areas respectively.

Figure 6



- 6.15 The NWAS Frequent Caller Team provides differing levels of intervention, ranging from a simple phone call and information to the caller's GP, to complete care and health referral co-ordination dependent on the patient's needs. The Team has helped to identify safeguarding concerns that may not have been picked up by other agencies and refer to the appropriate social care service. The Frequent Caller initiative not only supports vulnerable people to improve their quality of life, it also supports NWAS by freeing up resources to attend to patients with genuine life threatening emergencies.
- 6.16 Based on analysis of calls: 17% of all 999 activity is for patients who have fallen; less than 10% of all incidents are actually considered 'life threatening'; 54% of patients arriving at Emergency Departments by ambulance end up in a hospital bed (75% of admissions over 65 years of age). This suggests that a large proportion of patients that NWAS transports to hospital (Treat and Convey) might have been more appropriately taken to another service. One of the challenges that paramedics face when making a decision about a patient's pathway is that they do not have access to the same quality of diagnostic equipment and expertise as hospitals therefore transport to hospital is sometimes required in order to effectively diagnose a patient before deciding the most appropriate pathway for them.

- 6.17 NWAS has been developing initiatives, and working with partners to improve its ability to use See and Treat and Hear and Treat in more cases, improving choices about a patient's pathway. One of these initiatives is the Urgent Care Desk. Urgent Care Desks are located in the 999 control rooms and are operated by clinicians such as Nurses and Paramedics who are able to provide more effective identification of patients' needs during 999 calls and therefore advise on the best patient pathway. This helps to ensure that calls are coded correctly and that emergency ambulances are only sent to cases where they are needed.
- 6.18 Hear and Treat accounts for 11% of calls received. NWAS monitors the number of cases where a patient recontacts 999 or attends an emergency department within 24 hours of Hear and Treat. The current recontact rate is 10% of Hear and Treat patients which is consider low. See and Treat is currently used in 30% of cases, this is low compared with the national average of 37%, however is higher than statistics from previous years. See and Treat is lower at weekends than during the week which has been attributed to fewer alternative services being available.
- 6.19 Rapid Response Vehicles (RRVs) are used by NWAS to reach Red 1 and Red 2 calls quicker. RRVs are able to reach the scene faster than emergency ambulances to provide advanced emergency treatment and have helped to make a big improvement in response time performance in Cheshire East. Two new RRVs have recently been added to the area (in Crewe and Congleton) thanks to joint work between the CCGs and NWAS and consideration is being given to ways of introduced a third in Knutsford. When an RRV attends a call the attendance of a conveying emergency ambulance is still required within 19 minutes for Red 1 and Red 2 calls.
- 6.20 Another way that NWAS is working differently from the more traditional ambulance services to address need and respond to emergencies quickly is through Community First Responders (CFRs). CFRs are teams of volunteers who live and work in their local communities. They are trained by NWAS in providing basic life support and activated to attend certain calls where time can make a difference between life and death. Calls that CFRs respond to can include chest pain, breathing difficulties, cardiac arrest, unconsciousness, fitting, arrest of haemorrhage and diabetic emergencies. CFRs can provide care and support until the arrival of the emergency ambulance which NWAS are still required to send to in response to the 999 call. CFRs can help NWAS to respond to Red 1 and Red 2 calls within the 8 minute response time target however the target will only count as being achieved as long as the emergency ambulance also arrives at the scene within the 19 minute target.
- 6.21 In Cheshire East there are 15 CFR schemes with 63 volunteers across the Borough. In Nantwich there is also a Co-responder scheme which is operated by Cheshire Fire and Rescue Service from the fire station. The Co-responder service provides blue light emergency response to life threatening calls; again an emergency ambulance is still required to attend within 19 minutes. In 2014/15 Community First Responding and the Nantwich Co-responders attended a total of 1420 calls across Cheshire East; in 2015/16 they responded to 1140. Challenges faced by NWAS in relation to Community First Responders include the costs associated with recruitment of new volunteers, advertising and providing support and ongoing training to CFRs.
- 6.22 NWAS has introduced two Community Specialist Paramedics (CSPs) in Cheshire East based in Knutsford and Alsager. Community Specialist Paramedics have an enhanced treatment role and

provide community based mobile urgent care and emergency health care. CSPs are qualified to safely manage more patients at the scene, treat them at home or refer them to a more appropriate community based service. This role helps to increase the use of See and Treat and contributes to the reduction in 999 demand and unplanned hospital admissions. Currently paramedics are not able to prescribe medication to patients; this limits the role that CSPs can play as part of an integrated health and care service.

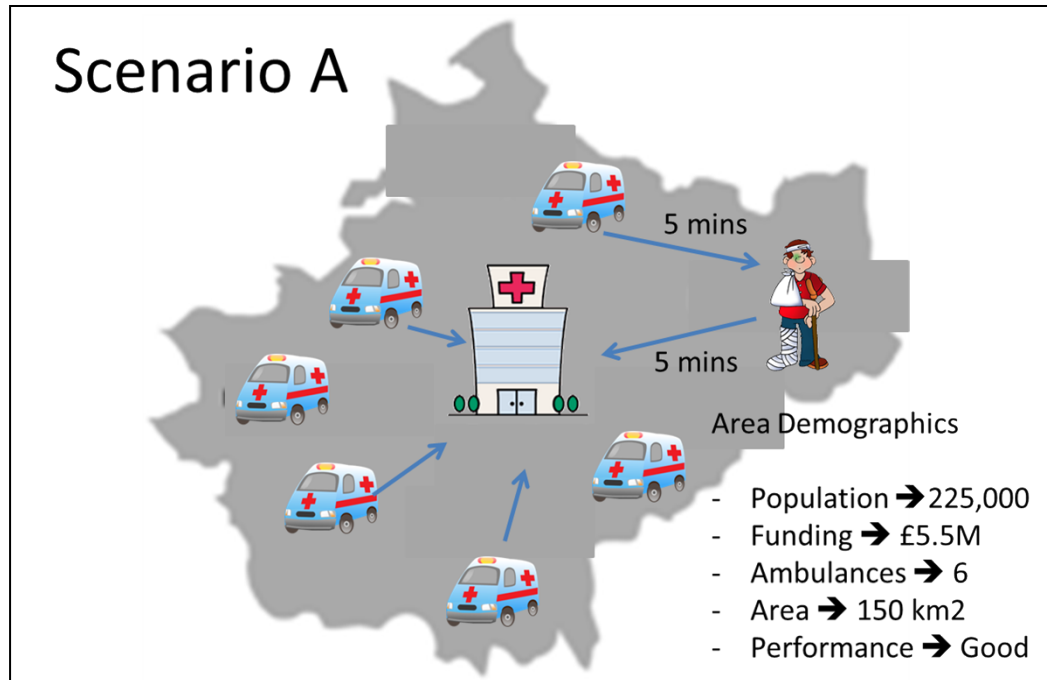
- 6.23 As well as directly treating patients Community Specialist Paramedics work in partnership with other local health and care service providers on preventative measures to reduce demand in the long term and help to empower patients to support and treat themselves where possible, maintain their own health and wellbeing, and enable them to make the right choices when it comes to which services they contact. As well as working with Frequent Callers (para. 6.14) CSPs also work with Care Homes to ensure their staff are making good choices about the health care needs of their residents (more detail at paragraph 11.2).
- 6.24 Although NWAS is monitored on the achievement of the response time targets (access targets) it is also required to collect some data on clinical outcomes of patients. These outcome measures however are not as complex and wide ranging as those that other NHS bodies are measured against. Without the data on the health outcomes of the patients which NWAS treats it is difficult to analyse whether NWAS is providing a good quality health services and the emphasis remains on the access and speed of response targets.
- 6.25 Nationally there are several pieces of work on ambulance services being carried out to develop ideas for improved ways of working and performance monitoring. University of Sheffield's Medical Care Research Unit (MCRU) has been conducting a five year review to develop outcome based performance measures for ambulance service care which has been funded by the NHS National Institute for Health Research (NIHR). The work streams for this study include: identification of possible indicators or measures; linking data records of ambulance services, hospital services, national mortality indicators; constructing risk adjustment models for performance indicators that can predict outcomes based on case characteristics; and testing models in the real world. This study is expected to be completed in May 2016 and will be critical in determining how ambulance services performance could be measured in future.
- 6.26 The MCRU is also conducting a study to Understanding variation in rates of ambulance service 'non-conveyance of patients to an emergency department' (VAN). There is considerable variation in the rates of different types of non-conveyance, and in non-conveyance overall, between ambulance services in England. Understanding the reasons for variation between services can help to identify ways of improving service delivery across all ambulance services.
- 6.27 Other pilots and studies being conducted include: a pilot in Wales to measure the clinical outcomes for Red 1 calls and the impact of missing the 8 minute target; and a Dispatch on Disposition pilot introduced in January 2015 in London and South West to look at providing more time for triage (in all but Red 1 calls) and better decision making with an interim report expected in March 2016.

7.0 Emergency Ambulance Services Commissioning

- 7.1 Ambulance Services are currently commissioned jointly by all 33 North West CCGs through a single contract with NWS delivering services for the 7.5 million people in the region. The value of the contract for 2015/16 was £230,940,384. The contract with NWS is managed at a North West level with NHS Blackpool CCG acting as the lead commissioner. The contract is also monitored at a county and CCG level with Eastern Cheshire CCG the lead commissioner for Cheshire, Warrington and Wirral. Ambulance Services are the only services within the responsibilities of CCGs that are commissioned based on geographic activity, not population. For instance, 30% of the ambulance service activity in Blackpool CCG area is related to incidents involving holiday makers and not Blackpool residents.
- 7.2 Ambulance Service speed of response targets are the only NHS Constitution standards which are measured annually, that is the cumulative position as at 31st March. The standards are applicable at provider (NWS) level and not CCG. The contract requires performance at the individual county level but there are no sanctions available should this not be achieved and there is the requirement for CCGs to take action to mitigate ever increasing demand and hospital handover times. The CCGs suggested that this is not considered to be the best system for getting the best outcomes for their local populations.
- 7.3 Cheshire, Wirral and Warrington CCGs have been taking part in a national benchmarking exercise to identify which CCGs across England each of them is comparable with in relation to population, geography and local characteristics. This information will be used to compare ambulance services performance. Data collected was still being analysed during the review however tentative findings were available.
- 7.4 The study described Cheshire East as a 'Small Market Town' based on the characteristic of the Borough (i.e. large area with some towns but mostly rural areas). This means that the area is comparable with places like Worcester and Berkshire. The tentative figures suggest that NWS's R1 and R2 performance in Cheshire East is similar to other 'Small Market Town' areas with A19 (ensuring a patient carrying unit is on scene within 19 minutes for R1 and R2 calls) performance being slightly better in Cheshire East. In general 'Small Market Town' areas have poorer performance than 'urban city areas'. Ambulance Service activity in Cheshire East was below average compared to other 'Small Market Towns. Compare with other North West areas, Eastern Cheshire CCG and Cheshire CCG area activity was significantly lower than the average.
- 7.5 In Cheshire East current performance of ambulance services is poor and this is also the case historically with poor performance dating back to at least 2004. In context Cheshire East is the third worst performing area in the North West. Activity levels have been growing at 4-6% per year with growing levels of transfers by ambulances to specialist hospitals. As discussed above, NWS is currently not achieving the Red 1, Red 2 and A19 targets of 75% of calls reach within 8 minutes and 95% within 19 minutes. However, to provide context about how long patients are typically waiting the CCGs provide some additional analysis of response times in Cheshire East.

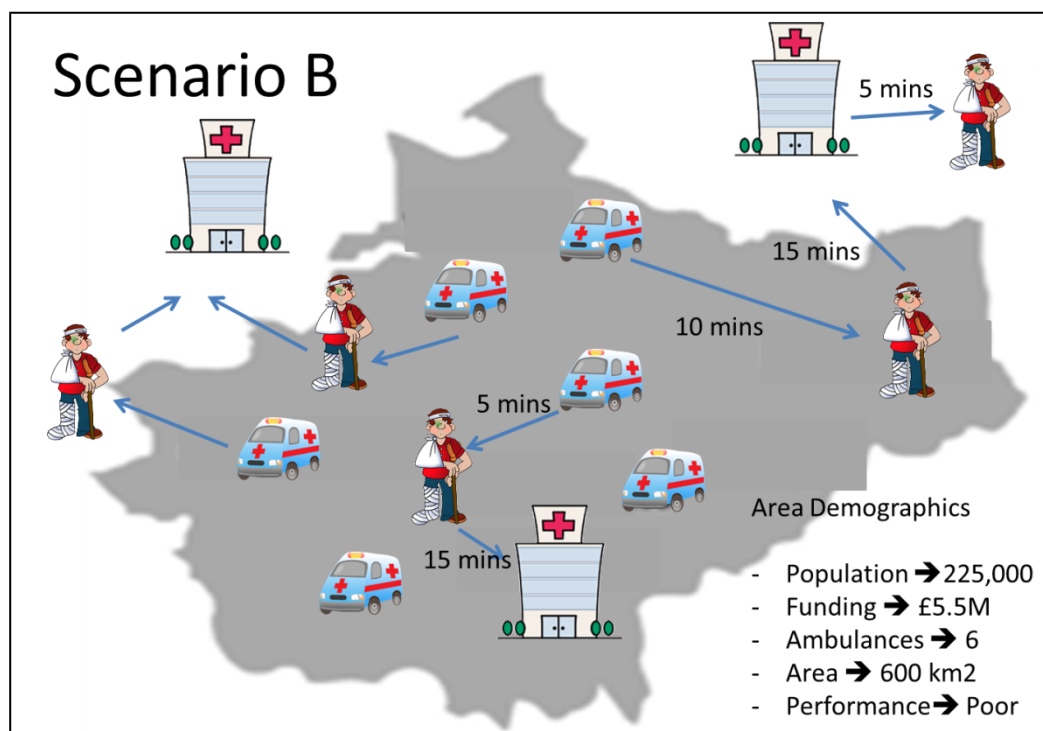
- 7.6 For Red 1 calls 75% of incidents are responded to within 9 minutes and 30 seconds. For Red 2 calls 75% of incidents are responded to in between 9 and 10 minutes with South Cheshire CCG area performance being slightly better than Eastern Cheshire CCG area. This suggests that, while NWS is not achieving the 8 minute target in the required number of cases, the majority of patients are receiving a response within a relatively short period of time. However to provide further context, in order to achieve a 99.95% confidence of response the target time would be 30 minutes. The CCGs suggest that this highlights some of the issues of rurality when compared with urban areas.

Figure 7



- 7.7 To demonstrate some of the factors which affect ambulance service performance and response times the CCGs provided two different scenarios. Figure 7 illustrates Scenario A which would describe an urban area such as Central Manchester. In this scenario hospitals are often located centrally with specialist services located on site. More ambulances are located within a smaller geographical area therefore are in closer proximity to patients and hospitals resulting in quicker response and conveyance times. The ambulances do not leave the area and will respond to the next call in the area once they are available.
- 7.8 Figure 8 illustrates Scenario B which describes a predominantly rural area like Cheshire East. The population is the same size as in Scenario A however because the geographic area is much larger the ambulances are spread over a wider area and are further away from patients and hospitals meaning longer response times to incidents and conveyance to hospital. Also, as is the case in Cheshire East, local hospitals tend to be smaller district general hospitals that do not host specialist services. Therefore if a patient requires a specialist service the ambulance must take them out of area to the nearest specialist centre. Once this ambulance becomes available again it will respond to the next call it is closest to. The ambulance might return to its original area however is unlikely to as it will be required to respond to the incident it is closest to, most likely in the urban area where the specialist hospital is located (as shown in top right corner of fig.7).

Figure 8



- 7.9 This means that there will be fewer ambulances in the rural area in Scenario B and according to the CCGs is one of the main reasons for the differential in performance that occurs between two areas which are paying the same amount in commissioning. The CCGs have questioned whether the current system of commissioning and performance measurement is fair for all areas and if there is a need to consider a new way of working to ensure equality of service.
- 7.10 In order to address some of the issues with performance that are being experienced in Cheshire East the CCGs have been working closely with NWS to increase ambulance capacity in the Borough by investing in additional ambulances and rapid response vehicles. As also mentioned at paragraph 6.13 there are a lot of communication initiatives taking place to educate the public and other services providers about the appropriate use of 999 and Emergency Departments. The CCGs work with NWS to target frequent callers and Cheshire East Council Adult Social Care teams also work with them to educate and advise care homes which is discussed in more detail at paragraph 11.2.
- 7.11 The CCGs are also carrying out major pieces of work to provide more alternatives to conveyancing for NWS to reduce the number of unnecessary visits to hospital. These include the Cheshire East Care Services Directory, developed in partnership with Cheshire East Council, which provides a list of available services in the area. The Directory is available publicly for any providers and members of the public to use to find local services. The Directory has been made widely available to ambulance crews so they are better informed about the options that are available to them through the Urgent Care Desk to support Hear and Treat during 999 calls.
- 7.12 Use of the Directory by NWS staff has been varied and could be increased however opportunities to use the Directory can be limited by the time allowed during emergencies to consider alternative options. The Directory will continue to be developed and has greater potential than its current form through the creation and identification of more services and alternatives options. The Directory

underpins the NHS 111 services for providing advice to patients and informing them about the options for treatment or support available to them in their local area. The Directory is also useful for identifying gaps in local service provision which commissioners can work to address.

- 7.13 The CCGs are also commissioning Primary Care in different ways to provide more alternative options for the ambulance service. In South Cheshire CCG area, GPs are being made available on call for paramedics to request support for patients in their local area. This is still in development and is a big challenge to put in place due to already stretched time and resources of GPs however it will be an important part of the system. CCGs are also working with GPs to request that they carry out their home visits earlier in the day to try to reduce the level of Health Care Professional (HCP) demand during peak time for ambulance services.
- 7.14 One of the main ways in which CCGs need to contribute to reducing conveyance to hospitals and ensure there are suitable options available to ambulance services is by improving 7 day working across acute and community services. Statistics for the use of 999, attendances at hospital emergency departments and conveyance by ambulances to hospitals tend to be higher at weekends because of the reduced number of alternative services available. The 'Connecting Care' and 'Caring Together' transformation programmes are about redesigning health and social care services to improve access for the public and integration between services. NWAS are also a partner in these programmes and need to be involved in their development. However this is a challenge for NWAS as there are several other transformation programmes been put in place across the North West which can all be different.
- 7.15 The difficulty NWAS faces in co-ordinating its services in various different local programmes highlights the disconnect in the NHS between local systems, based around local needs and local outcomes, and regional contracts that don't allow the flexibility required. The CCGs believe that this disconnect needs to be addressed at a national level as the current model of commissioning and monitoring is no longer fit for purpose. The Department of Health and NHS England are considering potential alternative models.
- 7.16 Overall the CCGs in Cheshire East believe that the current performance of NWAS services in the Borough is not acceptable however acknowledge that NWAS is performing better in some aspects than most of its counterparts across England. It is imperative to ensure that services are designed so that everyone, whether living in urban or rural areas, can get equal access to emergency services during life threatening incidents. Regarding performance measurement there is a suggestion that the A19 target of 95% response within 19 minutes is key to patient outcomes, not the 75% in 8 minutes target. It is proposed that overall health outcomes for patients could be improved with a focus on reaching all patients on Red 1 and Red 2 calls quickly, rather than focussing on reaching 75% of those within 8 minutes. For instance, would outcomes be better for more patients if all of them receive a response within 10 or 11 minutes rather than one patient getting a response in 5 minutes and another in 16 minutes? This is a question that needs to be considered at a national level.
- 7.17 The CCGs accept that addressing this complex issue will not be straight forward and they accept the role that they play in the process. The CCGs also acknowledge that decisions to commission some services (such as specialist stroke services) from out of area specialist hospitals, whilst essential to

improving health outcomes and survival rates, have contributed to some of the issues in Cheshire East (demonstrated in Scenario B).

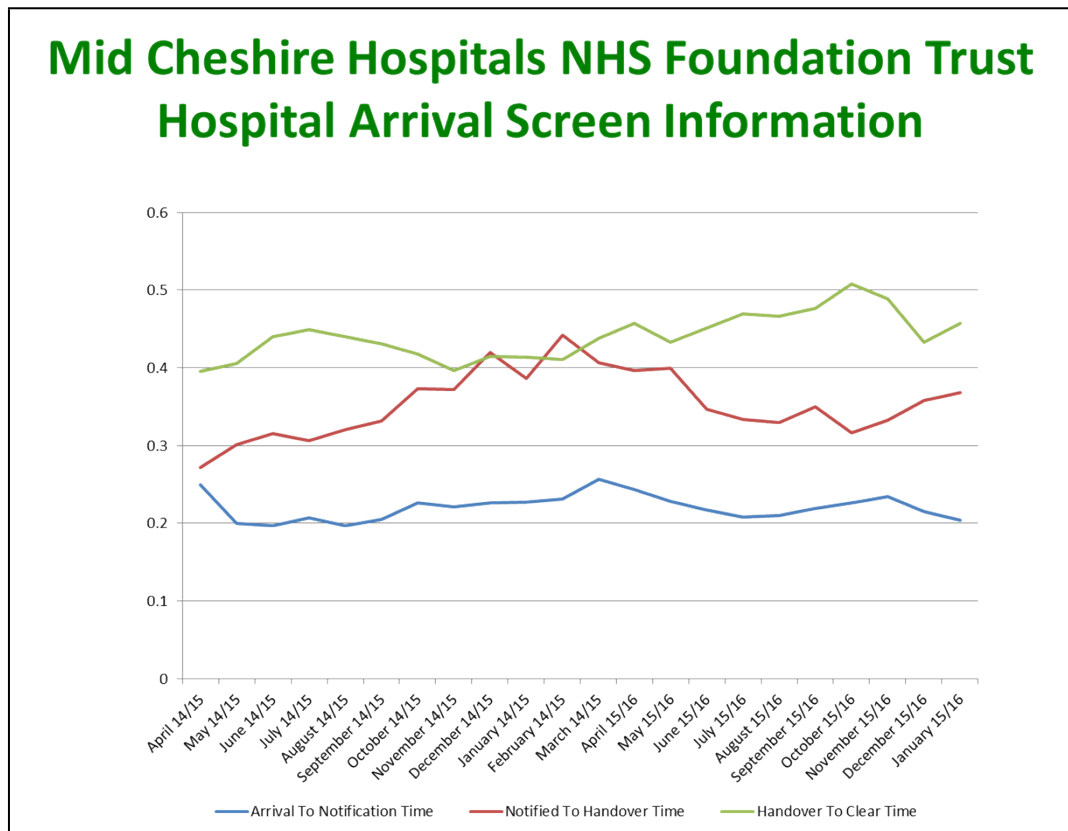
- 7.18 A lot of the initiatives that the CCGs are working with NWS and other partners to put in place are improving care and the health outcomes for patients but do not appear to be improving achievement of the access targets. CCGs are investing more and more in services just to maintain the current level because demand for services is continuing to grow. The CCGs would like to move away from the current way of commissioning emergency response to a more locally based system.
- 7.19 Regionally there is a consensus among the North West CCGs that the current system is no longer fit for purpose. With ambulance services providing more treatment and care, with an emphasis on increasing Hear and Treat and See and Treat, there needs to be a shift of focus when monitoring services with a much greater emphasis on outcome based measures to assess performance. Whilst there is a justified focus on Red 1 and Red 2 performance it should be acknowledged that the majority of 999 calls are Green calls and a lot more can be done to respond to these non life threatening incidents in different ways, with more alternative services providing a response freeing up ambulances to respond to more serious incidents. These interventions and performance targets for Green calls should be designed and monitored locally.

8.0 Hospitals and Emergency Departments

- 8.1 Hospitals play a vital role in the response time performance of ambulance services. When ambulances convey patients to hospital the time taken during patient handover and preparing the ambulance for its next call can significantly impact on efficiency. Cheshire East has two of the best performing Acute Trusts in the North West in relation to ambulance turnaround times. Leighton Hospital, operated by Mid Cheshire Hospitals NHS Foundation Trust (MCHFT), and Macclesfield District General Hospital, operated by East Cheshire Trust (ECT), both perform well and are below the target times for handover.
- 8.2 Figure 9 and Figure 10 show the performance of the hospitals and ambulance crews at MCHFT and ECT respectively. The target times for each phase of the handover are: From notification of arrival to handover (15 minutes), and from handover to clear time (15 minutes). To start the time for handover ambulance crews record that they are in the Emergency Department (ED) via an input to the Hospital Arrival Screen (HAS). To confirm handover ambulance crews and acute staff record the handover as complete on the HAS screen together, outlining the reason for extended handover time if this exceeds 15 minutes. To record that ambulance is clear and ready for the next call the ambulance crew will notify the control centre.
- 8.3 Each time handover targets are breached, both the ambulance service and acute trusts are fined by NHS England depending on who was responsible for the delay. The funds raised by fines are retained by the CCGs for investment in improvements to handover times. One of the initiatives that the hospitals in Cheshire East have invested in is a Triage Nurse specifically allocated to working with ambulance crews on handover which enables patients to be triaged and transferred to the ED much faster. Like ambulance services, emergency departments also have an access target that 95% of patients that arrive at the ED will be either admitted or treated within four hours. For patients

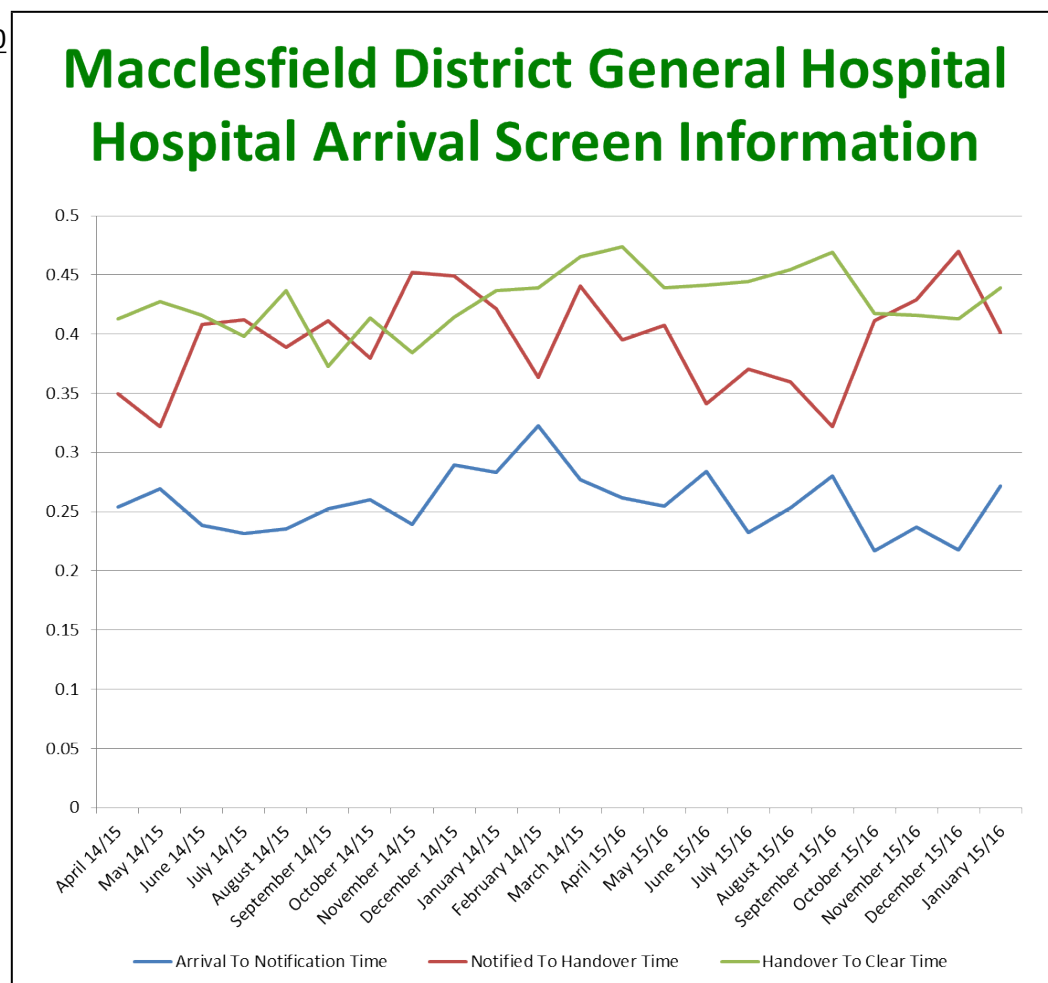
arriving at ED via ambulance this four hours start when the ambulance arrives therefore there is no value for the acute trusts in patients waiting in ambulances.

Figure 9



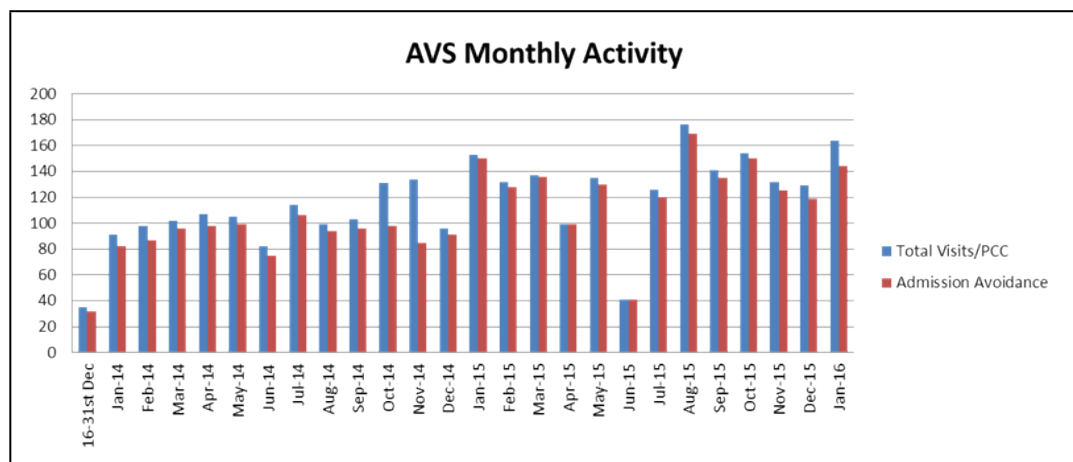
- 8.4 Both of the Emergency Departments in Cheshire East have struggled to meet the 95% target due to high demand and pressure on resources. When activity levels at ED reach capacity hospitals have an option to 'deflect' ambulances to other EDs to reduce ambulance waiting times. NNAS, in partnership with the acute trusts in the region, works to a divert and deflection policy with three agreed categories of divert or deflection. When an ambulance is deflected it will take a patient to the closest alternative hospital. NNAS, MCHFT and ECT have an excellent relationship and work well together to manage diversions and deflections to support each other and avoid the use of the policy as much as possible.
- 8.5 As mentioned previously, emergency departments are overused by the public. Nationally, 70% of people who attend a hospital emergency department do not require admission to hospital and could have chosen a different service or treated themselves at home. The percentage in Cheshire East is lower than this however as people are more readily attend ED in urban areas where they are more likely to live closer to the hospital. This is a similar issue to that of the overuse of 999 by the public and '#Team 999' and 'Make the Right Call' campaigns also educate the public about the appropriate use of Emergency Departments.

Figure 10



- 8.6 As mentioned previously, only 54% of those conveyed by Ambulance to hospital are admitted. This suggests that decisions about patient pathways could be improved, either by: the public choosing better; paramedics and/or call handlers choosing better; or more appropriate services being made more widely available. The average number of ambulance arrivals at ED is higher on Saturdays and Sundays than during the rest of the week. This is also an indication that there are fewer alternative health and care services available at weekends and that implementing seven day working across more social care, community and primary care services will help to reduce the demand for emergency health services.
- 8.7 One service that East Cheshire Trust currently operates which helps to provide alternatives to conveyance to hospital is the Acute Visiting Service (AVS). AVS delivers urgent primary care service closer to home for the patient. Staffed with a GP, a triage nurse and driver Monday to Friday 8am-6:30pm the service provides appropriate care in the best place for the patient. 66% of referrals to AVS are via NWS. Figure 11 illustrates monthly activity for AVS since December 2013 and shows that paramedics are accurately deciding when the AVS is suitable and that admission to hospital is not required.

Figure 11



9.0 Other Emergency Services

- 9.1 NWAS already works closely with its emergency services partners from the Police and Fire and Rescue. There are a number of initiatives which Cheshire Police and Cheshire Fire and Rescue Service (CFRS) are working/have worked on with NWAS to share resources, reduce demand and improve performance. Cheshire Police usually request attendance of an emergency ambulance at an incident it has received a call about through 101 or 999 in one of two ways.
- 9.2 In the first instance the need for an emergency ambulance response is identified during the call by the comms staff at the Force Communications Room in which case staff will contact NWAS control room via a pre-set number at the same time is issuing the incident to the police unit deployment centre. Alternatively, on attendance at an incident it is identified by a police officer or member of police staff that a patient is in need of medical treatment the deployment centre will use the pre-set number to NWAS control room to request an ambulance.
- 9.3 One trial that Cheshire Police and NWAS have worked together on to reduce incidents where an ambulance is requested unnecessarily is to locate an advanced paramedic in the police control room on key dates (such as large events and public holidays) to provide advice to Police officers and comms staff and provide medical triage for service users which very often resulted in the patient receiving an alternative medical pathway. Evidence from the trial during summer 2014 showed that between 20-30 cancellations of NWAS attendance per 8 hour shift. It is noted that the use of an advanced paramedic for this role is a costly option for NWAS.
- 9.4 NWAS has also provided training to police officers in emergency aid and all police vehicles carry defibrillators to respond and provide rapid response to cardiac arrest. NWAS also provides support to police via the Urgent Care Desk to help triage and respond to cases for people with mental health related issues.
- 9.5 Cheshire Fire and Rescue Service has also been working with NWAS on a variety of projects. As has already been mentioned there is a Co-Responding Blue Light Response Service operating from Nantwich Fire Station that provides emergency aid in advance of the arrival of an ambulance at the

scene. This service helps to improve health outcomes for patients but does not impact on response times for the Trust. Similarly to the Police, CFRS staff have been provided with training and equipment by NWS to provide emergency aid for cardiac arrest. CFRS also provide forced entry for NWS when required to enable paramedics to reach patients quickly.

- 9.6 Nationally, fire and rescue services have been very successful in reducing the number of fires that occur through the education of the public and the installation of fire alarms in homes. CFRS has conducted approximately 500,000 home visits across Cheshire providing advice on fire safety and installing fire alarms. 25,000 visits per year are carried out by advocates, volunteers and fire officers and the service targets vulnerable people in greatest need. CFRS also visits junior schools to provide education on fire safety. CFRS has built on the success of fire safety awareness by developing the service to cover more health and wellbeing issues. Branded as 'Safe and Well Visits' CFRS can assess the home for all hazards and provide information to social care services where appropriate or signpost residents to services.
- 9.7 Generally there is currently a drive from Central Government for 'Blue Light Collaboration' (BLC) between Police, Fire and Rescue, and Ambulance Services to increase efficiencies and reduce costs. The National Emergency Services Collaboration Working Group has been established, funded by the Department of Health, Department for Communities and Local Government and the Home Office. The Cheshire BLC Programme has been developed and is overseen by an Executive Board made up of the Police and Crime Commissioner, Chief Constable, Chair of the Fire Authority, Chief Fire Officer and NWS Chief Executive and Chairman.
- 9.8 The majority of joint working is taking place between the Police and Fire & Rescue with plans to: share a single headquarters; merge back office transactional services; review property assets to consolidate the portfolio; and merge fleet maintenance. There are fewer potential links with NWS and it is suggested that only 5% of the work NWS does involves Police or Fire. As ambulance services develop and become more and more about providing treatment, and not just transport, the links with other emergency services reduce and the links with other health and care services grow.

10.0 Housing Associations

- 10.1 As explained at paragraph 6.16, 17% of 999 calls received by NWS are regarding a patient who has fallen. This is a large proportion of the calls NWS responds to and one of the main areas where the development of alternatives can help to reduce demand and pressure on paramedic emergency services. Local Housing Associations in Cheshire East can play a key role in addressing this issue as discussed below.
- 10.2 NWS has worked with both Peaks & Plains Housing Trust and Wulvern Housing to provide falls pickup and falls prevention services. Peaks & Plains Housing Trust (P&P) is based in the North and Eastern part of Cheshire East but also provides some services across the whole Borough. Wulvern Housing is based in South Cheshire. P&P operates a health and wellbeing service called 'Trustlink' and Wulvern provides the 'Independent Living Service'.

- 10.3 When NWAS receive a 999 call about a faller an ambulance crew will respond to the incident. If there are no injuries or major concerns about the patient and they are able to remain in their home then NWAS will refer them to the P&P or Wulvern. The Service will be notified electronically by NWAS and a Falls Advisor will visit the patient to complete a falls risk assessment and provide them with falls prevention information. NWAS has provided housing association staff with training in assessing fallers and are able to respond to falls in place of an ambulance where there is no requirement for treatment of injuries which will be established during triage of the 999 call.
- 10.4 P&P is the current provider commissioned by Cheshire East Council to provide Telecare services and both Housing Associations provide assistive technology services to private residents. Through the provision of the Telecare service the Housing Associations can respond to calls without the need for calling 999. Assistive Technology such as alarm pendants and pressure sensors can be used to connect service users to a control centre. When a user has a fall or other type of incident calls are received by the contact centre (24/7 monitoring) where staff provide triage and prescribe an appropriate response. This may mean a call to 999 when required however in many cases there is no emergency need therefore housing association staff are able to respond to provide a pick up service and check the patient's needs, or contact the user's carer to enable them to respond. This is also where the Care Services Directory can be utilised to provide an appropriate response to the patient's needs without requiring the attendance of NWAS.
- 10.5 On average Trustlink supports 150 fallers per month. Of the 1,787 people assisted over a 10 month period 1,579 were able to remain at home with the support of the service, thereby reducing the need for ambulance services or hospital emergency department. Alternative services can also lead to a faster response and better outcomes for patients as Green calls can often have long waiting times for an ambulance response. During the pilot scheme that Wulvern ran throughout 2015 a total of 364 referrals were made by NWAS following a fall in the home. 59% of referrals were acted upon; the remainder were not acted upon due to being out of the catchment area, the patient already living in a care setting or the patient had refused a home visit.
- 10.6 The Housing Associations also work with other health and care services such as: community rehab, pharmacists, and GPs to co-ordinate their activity and support residents, particularly when they are discharged from hospital.

11.0 Social Care Services, Care Homes and Public Health

- 11.1 Cheshire East Council is the main commissioner and provider of social care services in Cheshire East and is a major partner in the Connecting Care and Caring Together transformation programmes. There are several ways in which social care services work with NWAS and other health bodies to reduce demand for services and ensure the right pathways are put in place for patients.
- 11.2 As mentioned at 7.10, Care Homes can create a large demand for ambulance services and there have been efforts by the Council, CCGs and NWAS to reduce the impact of this. NWAS received a significant number of calls from care homes across the region for incidents involving residents. In a significant proportion of these cases it is identified that more appropriate alternatives to calling 999 are available to care homes and these need to be used more often. Work has been ongoing to

educate care home staff and managers about the options available when an incident with a resident occurs and encouraging them to have the confidence to deal with an incident rather than simply call 999. A nursing and care home training programme has been developed by NWAS and Community Specialist Paramedics have been working with care homes to educate them about the role of NWAS and GPs are being linked with their local care homes to provide services when required to avoid the use of 999.

- 11.3 In South Cheshire CCG area, there is a development of increased medical (GP) support service to care homes in the locality. This was initially implemented in 2015/16 and will be further rolled out in 2016/17. This involves local GP practices being linked to a group of homes and overseeing the medical care of the residents. Based on the success of the scheme elsewhere (Vale Royal CCG), there is a proven reduction in admissions to the local acute Trust (via an ambulance).
- 11.4 Outside of residential care settings social care services also work with NWAS to choose the right pathways for patients. When service users enter the social care system they are provided with an assessment of their needs and a care plan is developed. These care plans contain vital information about the service user and are used to establish what services they need, the role a carer plays and their ability to support themselves independently. When NWAS responds to an incident involving a patient with a care plan paramedics should use these plans when making decisions about the treatment and whether a patients can be left at home, requires support from other services or will need admission to hospital.
- 11.5 Integrated health and care services currently being developed/launched will contribute to the increase in See and Treat and a reduction in conveyance. The Short-term Assessment Integrated Response and Recovery Service (STAIRRS) is an integrated service model commissioned jointly by the CCGs and the Council. STAIRRS Teams are made up of social care, community, intermediate and primary care services designed to work together to help keep people in their own homes. There will be opportunities for STAIRRS Teams to work with paramedics to ensure that services are in place for patients to be treatment at home or in the community so that conveyance to hospital is not required. Information about the actual impact this will have on See and Treat figures was not available during the review.
- 11.6 Also within Cheshire East Council, Public Health contributes to improving resident's health and wellbeing and increasing prevention of incidents to reduce demand for services. Public Health Teams also contribute towards educating the public and campaigns such as Choose Well.

12.0 Mental Health

- 12.1 Cheshire and Wirral Partnership NHS Foundation Trust (CWP) provides mental health care services in Cheshire East. CWP indicated that they do not experience issues when working with NWAS on inpatient transfer. There are mental health inpatient beds provided by CWP across the Cheshire and Wirral area and services endeavour to find a bed within the area and transfer them quickly from the ambulance service when they are conveyed.

- 12.2 However, there are examples where an ambulance has been required to travel a long way out of area in order to transfer a patient to a service where there is an available bed. These cases can result in ambulances and paramedics being unavailable to deal with other incidents while they are out of area conveying a patient.
- 12.3 Regarding the response provided by NWS to mental health incidents Cheshire East Council social care teams have expressed concerns about the length of time taken in some cases. It is noted that paramedics are trained to deal with mental health cases, and that they are caring and supportive when responding to incidents, however the length of time taken to respond to an incident (in some cases several hours) can often increase the stress that patients experience. Social care teams requested that consideration be given to prioritising mental health cases to reduce the negative impact of long waiting times, particularly in relation to cases where patients have been restrained under section 136 of the Mental Health Act 1983.
- 12.4 NWS can not currently prioritise mental health cases because the coding system for calls currently used does not allow that distinction. As described in more detail earlier in the report, calls are given a code based on the triage which takes place during the call. If the mental health incident which the 111 or 999 calls has been made in relation to is not life threatening then the call will be given a Green code and will not be a priority for an emergency ambulance to respond to which could result in a long waiting time. NWS does however recognise the need to respond to Section 136 cases effectively and aims to respond to these types of cases within 30 minutes.

13.0 Conclusions

- 13.1 The Committee is pleased with the way in which all stakeholders have engaged with this review and believes that the process which has taken place demonstrates the commitment to the public's health and wellbeing and the co-operation that is taking across the health, care and community sectors to work together to maintain and improve services and patient outcomes.
- 13.2 It has been clear to the Committee throughout the review that the quality of care and compassion that ambulance services staff show towards patients at all times is excellent and that no one questions their effort and commitment, particularly during periods of high demand and pressure to deliver. The Committee is pleased that the role of paramedics is developing and that they are able to provide more care and treatment to patients than before which helps to improve patient pathways and reduces demand for other health and care services.
- 13.3 The Committee is sympathetic to the pressures that health and care services are under in the current climate nationally of rising demand and shrinking budgets and commissioners and providers are working hard simply to stand still in many services. Regarding emergency ambulance services in particular the Committee is also aware that it is difficult to address the apparent imbalance that exists between urban and rural areas because of the geography that can not be altered.
- 13.4 However, the Committee is not satisfied with the current level of Red 1 and Red 2 response time performance of paramedic emergency services in Cheshire East and is concerned that residents are not receiving the same levels of service that people in other parts of the region are. The Committee

strongly believes in the principle that all people, no matter where they live, should be entitled to the same level of access and quality of health services, particularly ambulance services, which treat patients at their time of greatest need.

- 13.5 The Committee understands that because of the different characteristics of the Borough there may be a need to deliver ambulance services in slightly different ways to achieve the targets set and notes the good work that NWAS has done to improve its performance in relation to previous years. However the way services are currently being delivered are not achieving the same level of performance as other areas and more needs to be done. It is NWAS's responsibility to ensure it is achieving the targets it is set and the Committee holds the Trust to account for this however the Committee also understands that there are a variety of factors external to NWAS that impact on its ability to achieve targets.
- 13.6 Although the statistics available show that access targets are not being achieved it is unclear whether this underachievement is having a serious affect on the health and wellbeing of patients. This is due to the lack of quality health outcomes data required as part of ambulance services performance monitoring and is something that the Committee wants to see addressed. As ambulance services become more and more about treatment and move closer to other NHS services so should their requirements to be measured on patients' health outcomes, particularly as treatment at the beginning of a patients' journey is often most critical to the outcomes they have and the length of time they spend recovering.
- 13.7 By collecting health data from each case, as well as response times, it will be much easier to see whether the time taken to respond to a 999 call had a significant impact on the patient's health outcomes enabling better analysis of whether ambulance services are safe, and effective. The Committee is aware it may be difficult to assess the relative health of patients during an emergency and the extent to which a patient's health outcomes can be attributed to the paramedics, surgeons, doctors, nurses or carers that treat them throughout their journey. The Committee hopes that the research which is already ongoing into how ambulance services can be evaluated against health outcomes enables the Department of Health and NHS England to consider making changes to the way the performance of ambulance services is measured.
- 13.8 Whilst the Committee is keen to see the health outcomes of a patient taken into consideration when assessing ambulance service providers it strongly supports the retention of access targets to ensure focus on a fast and responsive service is maintained. Speed is of the essence when responding to life-threatening 999 calls and the Committee does not want to see this lost. However the Committee is unsure whether the current access targets which ambulance services are set are still appropriate and whether changes to targets, and the levels at which they are assessed, would help to improve overall performance and provide more equity.
- 13.9 The 8 minute response time was originally set as the time a patient is able to survive a cardiac arrest without intervention. However the Committee speculates whether the 8 minutes response is necessary for the number of cases that are classified as Red 1 and Red 2 and whether a change of time for these cases would help to reduce the pressure on services and increase the ability to ensure all cases are treated equally. By putting an emphasis on reaching 75% of all cases within 8 minutes

the Committee suggests that ambulance services might be encourage to focus on the cases it can definitely reach in under 8 minutes thereby giving those cases it definitely won't or may or may not be able to reach in 8 minutes a lower priority. This could contribute to the apparent differential between urban and rural areas and is part of the Committee's concern about equality of access for all.

- 13.10 The Committee believes that the geography over which ambulance services are assessed can also contribute towards a differential between urban and rural areas. By setting a ambulance services a regional target there is less accountability to the clinical commissioning groups that are funding them which is uncommon with most other services commissioned by CCGs. Changing the way ambulance services are assessed to provide more accountability on the achievement of targets in local areas would help to provide greater equality between areas across the region.
- 13.11 As well as ambulance service providers being more accountable at lower levels the Committee would like to see response time data reported at much lower levels. The Committee has found response time data presented at CCG level very useful to enable it to compare services in Cheshire East with elsewhere. However, Cheshire East is unlike many other areas in that it does not have a single large centre of population with residents spread through several smaller towns that have their own individual characteristics and needs. To enable the Committee, commissioners and providers to analyse the performance of service in Cheshire East in greater detail the Committee would like to see response times for individual areas to see how the average performance across CCG footprint is affected by each community so that initiatives such as Community First Responders can be targeted at areas of greatest need.
- 13.12 The Committee is interested in how the Dispatch on Disposition pilots taking place in the South of England will help to improve the way that calls are classified and the pathways that patients are given. Providing more time for triage of calls will help to ensure that calls are not unnecessarily given a Red 1 or Red 2 status, thereby putting additional pressure on paramedics to attend in 8 minutes. The Committee hopes that the pilots provide evidence of improved outcomes and that new procedures can be rolled out across ambulance services.
- 13.13 Changes to the way that ambulance services are commissioned, particularly in relation to Green calls, might help to reduce demand for ambulances to respond to non-life threatening calls allowing greater ability to respond to Red 1 and Red 2 calls. The Committee is concerned about the requirement for NWS to dispatch an ambulance to calls because of its obligation to respond when this may not be the best use of resources. There is a growing trend and desire among commissioners and providers to handle 999 calls in different ways. With the development of patient pathways and alternative services treating patients the need for ambulances to attend non emergency calls is reducing.
- 13.14 The difficulty in designing ambulance services to fit in with locally designed services from several separate transformation areas through a single regional contract would also be diminished if commissioning of services could be changed to provide greater flexibility for individual CCGs, or smaller groups of CCGs to commission 999 response to fit with local integrated service programmes such as Connecting Care or Caring Together.

- 13.15 As mentioned previously, the Committee appreciated the great work that paramedics do and supports their ever increasing role in delivering care as well as transporting patients. Paramedics have been training and developing their skills and qualifications to enable them to provide more treatment at the scene, reducing the need to convey patients to hospital. However they are currently limited by being unauthorised to prescribe medication to patients and the Committee supports efforts to change current rules. Enabling paramedics to be trained to effectively prescribe medication to patients could reduce the need for GPs or other health professionals to also visit the patient which increases demand for services that might be avoided.
- 13.16 Nationally there has been a lot of debate about increasing the profile of mental health to elevate it to the same status as physical health. The Committee believes that effective services for mental health are extremely important and that the mental health needs of a patient is something that ambulance services should be able to give more focus to. The Committee believes that current call coding needs to be changed so that the mental health needs of a patient can be taken into account and given more priority when 999 calls are made as long waiting times can create more issues for the patient. The Committee is also concerned about the potential for ambulances and paramedics to be taken out of action for long periods due to the need to transport patients with mental health needs long distances to find service provider when there are no beds for them in the Borough.
- 13.17 The Committee supports efforts to maximise the number of 999 calls which result in Hear and Treat or See and Treat to reduce the need to convey patients to hospitals, reducing unnecessary demand for emergency departments as well as reducing the time ambulances spend transporting patients and waiting at hospitals. The number of Hear and Treat and See and Treat cases needs to be increased as current levels are below national averages. The availability of alternative services is key to achieving this and health and care service commissioners need to ensure that more services are made available, particularly over a seven day week.
- 13.18 The Cheshire East Care Services Directory is an excellent tool for the public as well as health and care service providers to consider the options available to them in their local area. The Committee is pleased that NWAS has access to the Directory however would like to see it used more widely by call handlers and paramedics to make better decisions about patient pathways, particularly if commissioners are expected to increase the availability of alternative services which will be included in the directory. The Committee understands that the ability to use the Directory might be limited by the need to act quickly during emergency calls but suggests that the potential introduction of Dispatch on Disposition and other reviews of triage enable greater use of the Directory.
- 13.19 The Committee supports the use of Community Specialist Paramedics and praises the role they have played the areas there are deployed, particularly in working with local Care Homes to train their staff in handling incidents with their residents more effectively than simply calling 999. The Committee would like to see the Community Specialist Paramedics role retained and expanded to ensure there is sufficient capacity to work effectively across the whole of the Borough. The Committee also supports the excellent commitment and contribution to emergency response that volunteer Community First Responders provide. The role of Community First Responders in rural areas is key to ensuring that patients receive life saving intervention and the Committee wants to ensure that any

gaps in provision across the Borough are identified and filled. The Committee is pleased that new Rapid Response Vehicles have been added to the local fleet and hopes that they will also contribute to improving access for local patients.

- 13.20 With falls accounting for the largest proportion of 999 calls received by NWS the Committee is pleased that there have been efforts in falls prevention and responding to falls in different ways. The Committee supports the pilot schemes which were conducted in partnership between NWS and the local housing associations and would like to see the valuable services sustained and expanded where possible. Falls prevention is part of the wider drive to ensure people have safe and secure homes that enable them to live at home independently for as long as possible which is vitally important to maintain people's health and wellbeing. The role of assistive technology and support services is vital to this and the Committee is pleased to hear that the Council, housing associations and Cheshire Fire and Rescue Services are contributing to home assessments for vulnerable people.
- 13.21 Throughout its review the Committee has been pleased to hear about the variety of organisations and community groups that are providing a wide range of services that support people's health and wellbeing. The Committee is also pleased with the amount of partnership working that is taking place between various groups. It is important that the various schemes being carried out by different groups are coordinated to make sure they are efficient and avoid duplication. This is particularly important for paramedics who need to understand who they are working with when choosing alternative pathways for their patients.
- 13.22 The Committee is pleased that the relationships between local emergency service providers are good and that joint working is enabling them to make efficiency and provide more effective services. The use of paramedics to advise Police on call handling is an excellent initiative and one that appears to have produced good results for reducing unnecessary call out of ambulances. The Committee understands the cost implications of running such an initiative however would like to see it maintained or delivered in a different way to sustain the improved response.
- 13.23 The Committee is very pleased with the ambulances turnaround times at local emergency departments and commends the Acute Trust and paramedics for their efforts to ensure ambulances in the Borough are available to respond to calls as quickly as possible. The Committee is concerned however about the performance of other Acute Trusts in the Region, particularly in neighbouring areas, which may be impacting on the availability of ambulances in Cheshire East. NHS England local area teams need to ensure that Acute Trusts in the Region learn lessons from our local Trusts to do their part to improve the availability of ambulances.
- 13.24 The Committee was pleased to have heard some stories from local patients about their experiences with ambulance services which contribute to assessing whether services are working well. The Committee welcomes plans by Cheshire East Healthwatch to have a concerted effort to gather more stories from local people and would be interested to hear their responses.
- 13.25 During the review it has been apparent that there is a good understanding of the issues affecting ambulance services and the challenges that the health and care sector faces in delivering safe and effective services. The Committee has heard about a variety of studies and pilots taking place which

should hopefully provide key information that would impact on the future design of ambulance services. The Committee should maintain its monitoring of the sector and ensure that improvements to performance in Cheshire East are made and sustained.

Appendices

A – Minutes of the Review Meeting

Appendix A – Minutes of the Review Meeting

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Overview and Scrutiny Committee**

held on Friday, 19th February, 2016 at Council Chamber, Municipal Buildings, Earle Street, Crewe CW1 2BJ

PRESENT

Councillor J Saunders (Chairman)
Councillor L Wardlaw (Vice-Chairman)

Councillors D Bailey, Rhoda Bailey, B Dooley, L Jeuda, D Mahon and S Edgar

Apologies

Councillors G Merry and A Moran

In Attendance

Councillor J Clowes – Cabinet Member for Adults and Health in the Community
Councillor D Flude – visiting member

OFFICERS PRESENT

Dr Heather Grimbaldeston – Director of Public Health
Rob Walker – Commissioning Manager (Adult Social Care)
James Morley – Scrutiny Officer

ALSO PRESENT

Caroline O'Brien – Cheshire East Healthwatch
Sarah Falkner – North West Ambulance Services NHS Trust
David Kitchin - North West Ambulance Services NHS Trust
Michael Moore - North West Ambulance Services NHS Trust
Matt Dunn - North West Ambulance Services NHS Trust
Julie Treharne - North West Ambulance Services NHS Trust
Jerry Hawker – NHS Eastern Cheshire Clinical Commissioning Group
Tracy Parker-Priest – NHS South Cheshire Clinical Commissioning Group
Allan Jude – NHS Blackpool Clinical Commissioning Group
Chris O'Neill - NHS Blackpool Clinical Commissioning Group
Dianne Hutter – Peaks & Plains Housing Trust
Manuela Gruse – Wulvern Housing
Carl Hanson – Cheshire Fire and Rescue Service
Jonathan O'Brien – Mid Cheshire Hospitals NHS Foundation Trust
Kath Senior – East Cheshire NHS Trust

Julia Cottier – Cheshire and Wirral Partnership NHS Foundation Trust

1 DECLARATIONS OF INTEREST

Councillors D Bailey, S Edgar, D Mahon all declared a non pecuniary interest as members of the local Fire Authority.

2 DECLARATION OF PARTY WHIP

There were no declarations of party whip

3 CHAIRMAN'S OPENING STATEMENT

The Chairman began the meeting with a statement about the purpose of the review and the reasons for the meeting. She emphasised that this exercise was not simply to review the role that North West Ambulance Service NHS Trust played in the performance of ambulance services in Cheshire East but to look at the whole health and care system and consider how each stakeholder impacted on it and could contribute to making improvements. She explained that the session would be a fact finding exercise for the Committee to gather information and the views of stakeholders before discussing what had been heard prior to developing conclusions and recommendations. She suggested that due to the schedule for the meeting it was likely that it would need to be adjourned to be concluded on another date.

4 PUBLIC SPEAKING TIME/OPEN SESSION

Rob Selby and Nick Stafford attended the meeting to speak about their roles as Cheshire representatives on the North West Ambulance Service NHS Trust Governing Board. They were two of four Public Governors representing Cheshire having been elected by the Cheshire membership of the Trust. They provided an explanation of their role as governors being representatives of local people to hold the Trust's Board to account as required in order for the Trust to obtain Foundation Status.

Councillor D Flude spoke in support of this review and referred to the Cheshire County Council scrutiny review into Community First Responders which took place in 2008. She suggested that Community First Responders were essential to ensuring a fast response in small communities and encouraged the growth of schemes. She also suggested that the current situation whereby Community First Responders were unable to respond to cases involving children, needed to be addressed and that the Blue Light Collaboration needed to be taken into account.

Councillor J Clowes spoke on behalf of the Council's Cabinet to support the review and encouraged everyone involved to take the opportunity to look ahead as well as look back, particularly in relation to the role ambulance services play in local transformation agendas which were being developed across the Cheshire and Merseyside footprint.

5 REVIEW OF AMBULANCE SERVICES

Each stakeholder was requested in turn to provide information about the role they played in the commissioning and provision of ambulance services, what they thought challenges were and what might be done to make improvements. During each section Committee members asked questions and various stakeholders provided additional comments.

Caroline O'Brien, Chief Executive of Cheshire East Healthwatch, provided a brief summary of feedback that they had received from patients regarding their experience of services received from North West Ambulance Services NHS Trust (NWAS).

Sarah Falkner, Director of Quality for NWAS, provided a presentation about the various services which NWAS provided, performance figures for services in Cheshire East and across the Region, factors effecting performance and initiatives being used to maintain and improve response times and outcomes for patients. David Kitchin, Michael Moore, Matt Dunn and Julie Treharne from NWAS all supported the presentation providing information and answering questions about various parts of NWAS services.

The meeting was adjourned at 11:50 and reconvened at 12:05.

Jerry Hawker, Chief Executive of NHS Eastern Cheshire Clinical Commissioning Group (CCG), led a presentation from the CCGs about how ambulance services were commissioned, why performance of service differed between locations within the region, what the future challenges were and outlined some initiatives that they were developing with NWAS, acute trusts, community and primary care service providers and Cheshire East Council. Tracy Parker-Priest, Director of Operations and System Manager at NHS South Cheshire CCG, also contributed on behalf of South Cheshire and Allan Jude, Chief Executive of NHS Blackpool CCG, provided a regional commissioning perspective as lead commissioner for ambulance services in the North West.

Diane Hutter, Trustlink Manager at Peaks and Plains Housing Trust, and Ela Gruse, Retirement Living Manager at Wulvern Housing, provided presentations about how their organisations worked with NWAS and other health and care providers and commissioners.

The meeting was adjourned at 13:45 for lunch and reconvened at 14:15.

Councillor J Clowes left the meeting.

Carl Hanson, Group Manager at Cheshire Fire and Rescue Service, provided an overview of the fire safety and education services that the Services provided and explained the various ways in which the Service worked with NWAS and the Police, particularly in relation to the Blue Light Collaboration. The Committee had received a written statement from Cheshire Police about their involvement in ambulance services and David Kitchin elaborated on their relationship.

Rob Walker entered the meeting. Im not sure you need this. Its more for members entering late

Dr Heather Grimbaldston, Director of Public Health, provided an overview of how Public Health supported the various initiatives previously mentioned around ambulance services.

Rob Walker, Commissioning Manager in Adult Social Care at Cheshire East Council, provided an overview of the views from various adult social care services about their interaction with ambulance services.

Jonathon O'Brien, Deputy Chief Operating Officer at Mid Cheshire Hospitals NHS Foundation Trust (MCHFT), and Kath Senior, Director of Nursing, Performance and Quality at East Cheshire NHS Trust (ECT), provided presentations about Leighton Hospital and Macclesfield General Hospital's Emergency Departments respectively and how they interacted with NWAS and how ambulance services affected the hospitals' performance.

Julia Cottier entered the meeting. As above

Julia Cotter, East Service Director at Cheshire and Wirral Partnership NHS Foundation Trust (CWP), provided a brief overview of how the CWP interacted with ambulance services.

During the session the Committee had requested additional information from stakeholders which had not be available at the meeting. The Committee made some brief comments about the information which had been received during the day. It was agreed that the meeting be adjourned until a future date when the Committee would consider its findings, receive the additional information requested and discuss its conclusions and recommendations from the review. The Chairman thanked all those who had attended the meeting to provide information.

RESOLVED – That the meeting be adjourned until 13:00 on Thursday 24 March 2016.

CHESHIRE EAST COUNCIL

Minutes of a re-convened meeting of the Health and Adult Social Care Overview and Scrutiny Committee

held on Thursday, 24th March, 2016 at Council Chamber - Town Hall, Macclesfield, SK10 1EA

PRESENT

Councillor J Saunders (Chairman)
Councillor L Wardlaw (Vice-Chairman)

Councillors D Bailey, Rhoda Bailey, B Dooley, L Jeuda, G Merry, A Moran, S Edgar and D Mahon

ALSO PRESENT

Councillor Paul Bates – Cabinet Member for Communities and Health
Councillor Dennis Mahon – Visiting Member
Councillor Steven Edgar – Visiting Member
Brenda Smith – Director of Adult Social Care and Independent Living
Charlotte Simpson – Public Health Consultant
Sue Cooke – NHS South Cheshire Clinical Commissioning Group
Dave Kitchin – North West Ambulance Services NHS Trust
Matt Dunn – North West Ambulance Services NHS Trust
Michael Moore – North West Ambulance Services NHS Trust
James Morley – Scrutiny Officer

REVIEW OF AMBULANCE SERVICE

The Committee discussed the findings from the review held on 19 February 2016 and received additional information and comments from stakeholders in attendance. At the conclusion of the discussion the Chairman summarised the findings and proposed a number of recommendations.

The Committee requested that the Scrutiny Officer compile a report to document the findings, conclusions and recommendations of the Committee to be approved at a future meeting of the Committee. It was agreed the report would be sent to all those bodies in respect of which the Committee would be making recommendations and that a response from each body would be invited.

RESOLVED – That the Scrutiny Officer be requested to compile a report of the Committee to document the findings, conclusions and recommendations of the Ambulance Services Review for approval at a future meeting of the Committee.

On Friday 19 February 2016 the meeting commenced at 10.00 am and adjourned at 4.30 pm and reconvened on Thursday 24 March 2016 at 1.00pm and concluded at 3.15pm

Councillor J Saunders (Chairman)

For further information, please contact:

James Morley, Overview and Scrutiny
(01270) 686468

james.morley@cheshireeast.gov.uk