

East Cheshire Health and Adult Social Care Overview and Scrutiny Committee Ambulance Service Review

North West Ambulance Service NHS Trust (NWAS) Recommendations - Action Plan

The following action plan details the actions attributed to NWAS in East Cheshire Health and Adult Social Care Overview and Scrutiny Committee's Review of Ambulance Services in April 2016. (2.6.1 – 2.6.6 and actions 2.6.16 – 2.6.18 are attributed to other organisations such as NHSE / DH / PHE / CCG's etc.). The actions have been broken down to include progress to date and discussions that have already taken place so far; with further suggested long term actions on how to progress going forward. The delivery of these actions will be the responsibility of the Ambulance Improvement Group which consists of members of staff from all organisations detailed in the plan who will meet on a monthly or bimonthly basis.

No	Recommendation	Trust Area/	Owner	Progress to Date	Suggested Long Term	Timeframe
2.6.7	Cheshire and Wirral Partnership NHS Foundation Trust and North West Ambulance Service NHS Trust (NWAS) work together with Cheshire East Council, NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical	Service NWAS - Cheshire and Merseyside (CAM), South Sector Cheshire and Wirral Partnership	Mike Moore Julia Cottier, CWP Service Director	NWAS already works closely with CWP, Clinical Commissioning Groups (CCGs) and other partners on issues relating to mental health (MH) and will continue to work closely to influence any redesign of	Actions Other factors for future discussion: Need to consider the whole pathway – admissions avoidance and MH pathway developments, timely assessments and the	MH services review out to public consultation for a 3 month period Autumn 2016.
	Commissioning Group to ensure that there is sufficient capacity	(CWP)		MH services to ensure sufficient capacity. Mental	availability of specialist MH teams and then the	April 2017
	in the mental health care			health transfers by the	processes for arranging	

	system to support patients in the Borough and avoid lengthy out of area journeys which take ambulance crews out of use for long periods.			ambulance service can only take place when there is capacity to undertake the journey and when the clinical need of the client means they require an emergency ambulance.	appropriate transport whether this is via NWAS or private providers. Other issues include the availability of locally commissioned beds, issues relating to flow and timely discharges (SAFER bundles etc)	
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 (RRV) and/or Community First Responders (CFRs) to aid improved access to life saving treatment, particularly in rural areas.	NWAS CAM Head of Service (Acting) NWAS - CAM East Sector NWAS Regional Community Engagement Manager Community Specialist Paramedic – Knutsford area	Bob McGowan Mike Moore Rob Hussey / Rob Sharples Carol Robertson	Community Specialist Paramedic in the Knutsford area has helped to increase the number of local CFRs from four to ten since a large recruitment campaign by Knutsford's CFR team last July. A local event was held and supported by George Osbourne MP who recently became the Trust's patron.	East Cheshire CCG has a CFR recruitment video which they propose to use alongside radio involvement to promote CFR recruitment. NWAS will be appointing a dedicated CFR recruitment officer in Sept / Oct who will aid throughput of new volunteers. NWAS have also secured formal agreement with St John Ambulance to support recruitment and	Work will be ongoing with no specific deadline necessary.
					management of CFRs. NWAS will also continue to work with local parish councils	

2.6.9	North West Ambulance Services	NWAS Health	Chris Gresty /	NWAS currently provides	throughout Eastern Cheshire CCG footprint to increase public access defibrillation provision. Work is currently	December
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.	NWAS Health Informatics NWAS - CAM East Sector	John Stevens Mike Moore	performance reports through the 'NWAS commissioner's portal' but these are only by CCG area and not by postal zone.	ongoing between NWAS Health Informatics and Cheshire Commissioning Cluster Lead to agree a dataset that focuses on sub-CCG area performance but at a level where it can support a meaningful discussion as information that is too granular has proven in the past to be of little use. This will support the Ambulance Improvement Group to focus CFR campaigns / RRV deployment as per recommendation number 2.6.8	2016
2.6.10	North West Ambulance Services	NWAS - CAM East	Mike Moore	The processes for requesting	Agreement at SRG on	December
	NHS Trust work with other local	Sector		an ambulance has been	18/08/2016 for East	2016
	health care providers to			shared with all primary care	Cheshire Trust and	
	develop a new approach to			providers, via the CCG and	NWAS to attend the GP	
	arranging Card 35 calls to	NWAS Urgent	Paul Walton	includes call categories,	Locality Meeting in the	
	ensure that these do not take	Care		timescales and staff skill mix	near future to persuade	

place during peak activity for	Development	etc. Where a GP has no more	GPs to adopt an early
emergency ambulance services.	Manager	available appointments,	visiting approach, either
		Eastern Cheshire GPs are	by reconfiguring the
		currently able to access the	current working day to
		Acute Visiting Service (AVS)	do home visits earlier,
		provided by East Cheshire	or by utilising the AVS
		NHS Trust, if they do not	doctors to undertake
		have the availability to	home visits early
		facilitate the visit in a timely	morning.
		manner.	NWAS will also take the
			opportunity to advise
			on the current
			processes around
			ambulance ordering,
			vehicle availability,
			timeframes; skill mix of
			staff etc. Also to
			consider:
			 Are patients able to
			make their way to
			hospital under their
			own esteem /via
			taxi / relatives etc
			(not for emergency
			calls).
			How do we turn the
			unplanned into the
			planned?
			Are any of the
			planned admissions
			suitable for
			ambulatory care
			clinics the following

					dan fan ee ee ee	
					day for example and	
					can we plan and	
					book PTS for these	
					instead?	
					 What about 	
					alternative bespoke	
					transport	
					arrangements?	
					There will be a	
					Community Specialist	
					Paramedic introduced	
					into the Crewe area	
					from September 2016	
					who will be working	
					with care homes in the	
					area to support them in	
					their decision making	
					process with an aim to	
					reduce inappropriate	
					999 / Card 35 calls.	
2.6.11	Cheshire East Council, NHS	East Cheshire	Karen Burton	Currently there is a GP/AVS	There will be a	Deadline and
	Eastern Cheshire Clinical	CCG		scheme available to NWAS	Community Specialist	success of
	Commissioning Group and NHS	Commissioning		staff 24/7 in East Cheshire,	Paramedic introduced	actions
	South Cheshire Clinical	Manager		which is well utilised by	into the Crewe area	dependent on
	Commissioning Group (SCCCG)			NWAS clinicians. South	from September 2016	CCG
	ensure that there are sufficient			Cheshire does not have a	who will be working	commissioning
	health and care services in place	South Cheshire	Sue Milne	scheme, and the pathway	with care homes in the	intentions.
	and available over a seven day	CCG		that was provided to support	area to support them in	
	week to ensure emergency	Commissioning		winter pressures last year	their decision making	
	ambulance services have	Manager		was inconsistent and not	process with an aim to	
	sufficient alternative options to			always fit for purpose.	reduce inappropriate	
	improve patient pathways and				999 calls.	
	increase the use of 'hear and	NWAS Urgent	Paul Walton	Discussions are ongoing with		

	treat', 'see and treat' and 'see	Care		Mid Cheshire hospitals that	Further discussions to	
	and convey elsewhere' to	Development		through virtual integration	take place with the CCG	
	reduce non-essential	CAM Area		are looking to develop	to establish what	
	conveyance to hospital	Manager		Integrated Community Care	alternative pathways	
	emergency departments.	Widnage.		Teams (ICCTs).	will be available to	
	emergency departments.			Here there is potential for	NWAS clinicians in the	
				NWAS clinicians to refer into	South Cheshire area	
				multidisciplinary teams and	South Cheshine area	
				avert inappropriate hospital	Continue to explore the	
				attendances.	ICCTs with Mid Cheshire	
				attendances.	hospital.	
				There are diabetes and falls	πουριται.	
				referral schemes currently	Ensure SCCCG is invited	
				available to NWAS in both	to the Ambulance	
				areas. These pathways	Improvement Group	
				allows crews to refer any	meetings to explore see	
				patients who have fallen or	and treat options	
				had a diabetic	available in the area.	
					avaliable in the area.	
				hypoglycaemic event but are stable and safe to remain in		
				their own home without		
				immediate intervention. The		
				receiving service will review		
				the patient post-event and		
				provide any secondary		
				prevention interventions.		
2.6.12	North West Ambulance Services	NWAS 111	Dan Ainsworth	The UCD utilises NHS	Action Completed	Action
	NHS Trust ensures that all call			Pathways and the Directory		Completed
	handlers, urgent care desks and			of Services (DOS) to refer		
	paramedics crews have access			patients onwards into local		
	to and utilise the Cheshire East			pathways. If the pathways		
	Care Services Directory to			are on them they will be		
	ensure they are aware of			being utilised. The DOS		

2.6.13	alternative services available to them when deciding on a patient's pathway. North West Ambulance Services	NWAS Regional	Julie	continues to be refreshed and maintained by the DOS Team. The Community Specialist	Recruitment is now in	Already in post
	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.	Urgent Care Development Manager	Butterworth	Paramedic (CSP) in Knutsford has been in post since April 2015 and has undertaken the following areas of work: Increasing the number of care plans for patients ensuring baseline observations and NWAS action plans are included. Set up a medicine referral pathway to the Neighbourhood Integrated Medicines Optimisation Service. Care homes – analysis of calls, discussions around appropriate use of ambulances – next step is a triage pilot for Sunrise and Leycester House. Personalised care plans for high risk/frequent caller patients. Public engagement including cubs, scouts, brownies, Good Neighbours, Lions.	its final stage for the CSP for South Cheshire, and meetings have taken place with the CCG leads to ensure that we are working collaboratively on their placement in the community. The CSP will be based in Crewe and will work closely with care homes in the area to support them in their decision making processes. The CSPs will also support work relating to: Decreasing HCP / Card 35 activity. Increased non- conveyance. Increase shared patient information for other NWAS clinicians via care planning Increase AVS usage. Patient experience measures.	for Knutsford. Recruitment underway for Crewe post – deadline December 2016. Deliverables seen by April 2017.

				 Facilitation of Automatic External Defibrillator placements, respond to emergency calls. Healthcare professional education, work with all three GP practices in Knutsford. Patient assessments, referrals (falls). The CSP in Alsager was also in post for a year from April 2015 and the Urgent Care Development Team (UCDT) have reviewed the post with commissioners. It has been agreed that the post would more effective if it was located within the Crewe area and the UCDT are in the process of recruiting to this post scheduled to commence September 2016. 	 Link and support/create a Community First Response Team. Engage with Frequent Caller Team. Work alongside Primary Care/GP practice they are based within. 	
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	East Cheshire CCG Commissioning Manager South Cheshire	Karen Burton Sue Milne	There are currently falls referral schemes available in both areas which allow crews to refer any patients who have fallen but are safe to remain in their own home without immediate	Further discussions to be undertaken at the Ambulance Improvement Group meetings.	April 2017

prevention service pilots can be	CCG		intervention. The receiving	
fully implemented and	Commissioning		service will review the	
expanded with greater co-	Manager		patient post-fall and provide	
ordination to avoid duplication			any secondary prevention	
and confusion, potentially			interventions.	
through a single point of	NWAS Urgent	Paul Walton		
contact with all providers.	Care		Peaks and Plains Housing	
•	Development		Trust provide falls provide	
	Manager		falls risk assessments, fitting	
			of grab rails, fixing of carpets	
			and other interventions as	
			appropriate. Potential here	
			to scope out a falls lifting	
			service.	
			East Cheshire CCG had plans	
			to commission a rapid	
			response service known as	
			STAIRRS (Short-Term	
			Assessment, Intervention,	
			Recovery and Rehabilitation	
			Service) but unfortunately	
			this development hasn't	
			materialised.	
			South Cheshire/Vale Royal	
			identified falls as a priority	
			for commissioning intentions	
			and Lancashire Falls car pilot	
			information has been shared	
			with commissioners.	
			Cheshire Fire and Rescue	

				Service working with NHS E, are focusing on a number of areas around public health preventative intervention measures, one of which is around slips, trips and falls includes supporting hospital discharge for over 65's admitted to ward for a fall.		
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.	NWAS – Blue Light Lead NWAS Urgent Care	Andrew Redgrave Paul Walton	On 1 st August 2015, NWAS introduced a pathway whereby police officers have the ability to speak directly with a clinician from the Urgent Care Desk where advice and support will be provided to officers at scene if required. Cheshire Fire and Rescue Service working with NHS E, are focusing on a number of areas around public health preventative intervention measures, one of which is around slips, trips and falls includes supporting hospital discharge for over 65's admitted to ward for a fall. They have also been asked to look at hypertension and blood pressure monitoring.	NWAS will work with Cheshire Fire and Rescue and Cheshire Police Service to consider how the call handling process and triage of incidents could be improved to minimise the impact on NWAS. NWAS will also seek to invite the Fire and the Police Services to the Ambulance Improvement Group.	December 2016

2.6.19	The Health and Adult Social	NWAS - Head of	Julie Treharne	А	Attached.	August 2016
	Care Overview and Scrutiny	Communications				
	Committee requests a response			Δ	Ambulance	April 2017
	to the recommendations of the			lı	mprovement Group	
	review from stakeholders and			l v	will provide periodic	
	continues to monitor the			u	updates on progress /	
	development and			n	meeting minutes as	
	implementation of new ways of			r	required by Cheshire	
	operating and commissioning			E	East Overview and	
	ambulance services with a			s	Scrutiny Committee.	
	follow up review to take place					
	twelve months following the					
	publication of this report.					