

Request for Information to East Midlands Ambulance Service (EMAS) and response

Date: 22 February 2018

Reason for Request

Healthwatch North East Lincolnshire (HWNEL) invited a representative of East Midlands Ambulance Service to attend our Board meeting on 18 January 2018 but, due to a car incident on the day, this had to be cancelled. We arranged an extra single item agenda Board meeting on 19 February 2018 but, due to illness on the day, the representative was unable to attend and no substitute was available.

HWNEL is in a period of transition moving from one 'host body' to another from 1 April 2018. The March Board meeting will focus on transition and future arrangements regarding the Board are still to be agreed. In these circumstances, we felt it was now more appropriate to make a formal request for information and to receive a written response which can inform ourselves and local people now and which can also inform the work plan and future activities from 1 April 2018.

Background

In July 2017 NHS England announced that all English ambulance services would move to a new set of performance standards beginning in winter 2017. EMAS implemented the new Ambulance response Programme in July 2017 but also announced in October 2017 that they would need to move to a new operating model for vehicles and staff mix to ensure that they can deliver the programme's key benefits for patients. This is about having the right balance of ambulance and fast response cars and the right staff on duty at the right time and in the right place to respond to 999 calls.

EMAS has assured this Healthwatch that this model will not result in any reduction in the overall number of staff available in each division (North East Lincolnshire is part of the Lincolnshire division) and the way that people will access the 999 emergency ambulance service will not change. The new operating model is set to be launched on 2 April 2018.

However, staff concerns about implementation were reported in the local media about possible reductions on vehicles serving Diana Princess of Wales Hospital and, as reported in the Grimsby Telegraph on 19 December 2017, Melanie Onn MP met with EMAS in December who assured her that this was not the case. The meeting also highlighted problems of funding for the Trust, attacks on staff and increased demands on the service. A further report on 27 December 2017 indicated that EMAS had dealt with over 200 incidents in the Grimsby area over the past three months which were either hoaxes or unnecessary calls. Reporting on 2 January 2018 highlighted that EMAS had had to deal with 170 alcohol related incidents in the first six hours of the New Year in spite of pleas being given out in advance. National reporting of winter pressures has highlighted delays in handover times at A/E impacting on Ambulance Trust capacity to respond to the next emergency. Any handover more than 60 minutes duration is now being logged as a serious incident.

Questions raised and Responses given

Question	Response
1. What is the current strategy?	<p>The Trusts current strategy revolves around 5 key areas:</p> <ol style="list-style-type: none"> 1. Our Performance – we continually work to deliver the performance our patients expect and deserve. 2. Our People – we value and support our workforce to deliver their best for patients. 3. Our Development – we continue to develop our organisation to meet the needs of patients and aspirations of our staff. 4. Our Quality – we continually seek to improve quality for our patients, delivering high quality care. 5. Our Money – we ensure we use our funding carefully, delivering value for money for patients and taxpayers alike.
2. What are the changes that are being made?	<p>The two main changes that are being introduced are ARP and to support this rota Changes. ARP is about getting the right clinician on the right vehicle at the right time. This should be backed up by a front face build of the staffing rotas to resource to demand again at the right time in the right areas. We have also introduced Urgent care crews that will respond to the lower graded emergencies freeing qualified crews up to deal with the higher grades calls.</p>
3. How is the emergency response service going to improve as a result?	<p>We should see an improvement in response times against RAP standards and the amount of vehicles available at key times, This should improve the patient experience and work towards hitting the KPI's</p>

<p>4. What is the impact of delayed handover times at DPoW Hospital for EMAS and how is this communicated to the acute Trust and commissioners?</p>	<p>There are delays at the acutes but thankfully NLAG isn't a problem for us. We work very closely with DPOW to reduce the amount of time a crew is in the department by streamlining and constantly reviewing the processes in place. Commissioners and the acute have daily, weekly and monthly data to review the hours lost pre and post-handover. We have worked with NHSI to improve the systems in place. In real time we have daily conference calls to review the issues.</p>
<p>5. To what extent are EMAS staff currently able to make a decision that someone does not need emergency care and what, in your view, is needed to divert patients away from this setting?</p>	<p>Qualified EMAS staff have the ability to use Paramedic pathfinder to support a decision they make to leave a patient at home or direct to another health care professional. To help with these decisions there needs to be more pathways available to staff that they can refer into.</p>
<p>6. How can the local community help to make sure that appropriate use is made of the service?</p>	<p>I have attached a leaflet that we use to try and promote the right type of pathways patient and the public can follow to get the right type of care.</p>

Illness? Injury?

Ask yourself is it a real emergency?



Self care

Many illnesses and injuries can be treated at home
Ensure you are well stocked with: Paracetamol, Anti-diarrhoeal medicine, Rehydration mixture, Indigestion remedy, Plasters and thermometer

Pharmacist

For confidential medical help and advice
To find your local pharmacy visit www.askyourself.org.uk

GP Surgery

For non life threatening minor illnesses and injuries
To find your local GP surgery visit: www.askyourself.org.uk

Call 111

Need urgent medical treatment but it is not life threatening?
Unsure where to go? GP surgery not open? Can't get an appointment?

For confidential health service advice & information call 111, available 24 hours a day. They will direct you to the best place to get treatment, including:

- GP Out of Hours
- Minor Injury Service/Urgent Care Centre
- Minor Emergencies

A&E

For LIFE THREATENING EMERGENCIES only
Kettering General Hospital, NN16 9UZ
Northampton General Hospital, NN1 5BD