Health and Care Overview and Scrutiny Committee

Report to council in response to Motion 759: Ambulance Response Times

September 2016

Background

At the meeting of council on 2 December 2015 members gave their full support to Motion 759 relating to ambulance response times. The Motion requested that the Health and Care Overview and Scrutiny Committee (HCOSC) explore the option of creating a county-wide ambulance service with recommendations for council to debate (the minute from the council meeting of 2 December 2015 can be found at Appendix 1) .

In considering how to approach this work, the committee agreed that the two key questions were:-

- Should Gloucestershire again have its own ambulance service, and,
- How to address the response time challenges in the rural areas of the county.

The HCOSC agreed that the best approach to this task was to form a working group to consider this matter.

Membership of the working group was open to all members of the HCOSC, and Cllrs Roger Wilson, Iain Dobie, Paul McMahon, Tony Hicks, David Brown, Jim Parsons (Cotswold District Council), Steve Harvey (Cheltenham Borough Council), Collette Finnegan (Gloucester City Council) and Joe Harris (previously a member of HCOSC and also seconder of the Motion) agreed to take this work forward. It was agreed that Cllr Roger Wilson would Chair this working group. The working group met with commissioners, the provider, and the Gloucestershire Fire and Rescue Service on 23 June 2016 to discuss and debate this matter.

SHOULD GLOUCESTERSHIRE HAVE ITS OWN AMBULANCE SERVICE?

1.1 Context

1.1.1 To put this debate in context it is helpful to note that Gloucestershire has not been served by a standalone ambulance service since 2006. Following the dissolution of the Gloucestershire Ambulance Service (2006) the county was served by the Gloucestershire, Wiltshire and Avon Ambulance Service (GWAS). In August 2011, following the government's decision to require all NHS Trusts to become a Foundation Trust, the GWAS Board recognised that GWAS was not viable as a standalone Foundation Trust and agreed to explore the option of a partner organisation. SWASFT emerged as the preferred partner and the acquisition process was completed in February 2013. The South Western Ambulance Service NHS

Foundation Trust (SWASFT) therefore became the ambulance service provider in Gloucestershire from February 2013. SWASFT currently covers the whole of the South West from Gloucestershire to the Scilly Isles, with its Headquarters in Exeter. The Northern Division of SWASFT covers Gloucestershire, Wiltshire, Bristol, BaNES, South Gloucestershire, Swindon and North Somerset. The Head of Operations (North) is based in Wiltshire.

1.1.2 It is also important to be cautious of trying to compare the performance of Gloucestershire Ambulance Service with SWASFT as the performance framework has changed significantly during this time period. It is well known that SWASFT has not been able to meet RED1 and RED2 targets in the more rural areas of Gloucestershire; but it is also known that prior to its dissolution the Gloucestershire Ambulance Service had been downgraded from a two to a one star Trust; and that the service had not achieved the 8 minute target. It is also known from the Healthcare Commission Annual Performance Ratings 2005/6 that Gloucestershire Ambulance Service was, at that time, rated as weak for use of resources and weak for quality of services.

1.1.3 In considering this Motion the working group was mindful of the NHS England (NHSE) Urgent and Emergency Care Review which was launched by Sir Bruce Keogh in January 2013; and the NHS Five Year Forward View which explains the need to redesign urgent and emergency care services in England and sets out the new models of care needed to deliver the changes.

1.2 Commissioning and delivery

1.2.1 In order to be able to consider whether the question ‘should Gloucestershire have a standalone ambulance service’ it was important to understand the factors involved in commissioning and delivering an ambulance service. The Associate Director of Commissioning (Gloucestershire Clinical Commissioning Group (GCCG)) discussed these elements with the working group; and the working group was also able to question the Director of Operations (SWASFT) on the ‘reality’ of running an ambulance service.

1.2.2 It is important to be clear that a modern ambulance service is much more than simply a transportation resource. Indeed Sir Bruce Keogh’s review of urgent and emergency care emphasised the untapped potential of English ambulance services and the need to expedite the transformation of these services from a purely transport to a wider treatment role. What is needed is a service that is structured such that resources (people and vehicles) are used efficiently and effectively to be able to deliver quality patient care, in the right place and at the right time. The question is therefore can this more comprehensive service be achieved at a county level, and within a landscape of funding challenges and increasing demand. There is also the question as to whether the county would be able to establish its own ambulance service within the current legal framework. The funding comes through the

Department of Health as ambulance services are an integral part of the NHS. Advice received from the Department of Health is clear that under the current legal framework it is a matter for Trusts and their commissioners to determine how to best deliver services in their area. The working group was informed that there is no appetite in the GCCG for changing the current commissioning arrangements. Economies of scale are also very relevant to this matter. The performance framework relating to response times also impacts upon the effectiveness and efficiency of an ambulance service and issues relating to this aspect are discussed later in this report.

1.2.3 Currently SWASFT is commissioned by 12 Clinical Commissioning Groups (CCGs) through a collaborative funding agreement. GCCG is the Lead Commissioner for this contract and Dorset CCG the deputy lead until 30 March 2017. The total contract value for ambulance services across the region is £196m. Gloucestershire has a contract value of £23m with SWASFT. Each CCG can require SWASFT to deliver a specialist service for its area, e.g. GCCG requires SWASFT to place a midwife in the Clinical Hub as it was identified through call auditing that this would be effective in providing the right care at the right time in the right place. This has proven to be an effective approach and now other CCGs are looking at this model. In addition, SWASFT follow the local policies and procedures for admission avoidance schemes, for example, in Gloucestershire SWASFT utilise the Ambulatory Emergency Units at the Acute Hospitals. There are other local initiatives in place so it is clear that despite the ambulance service being regional, there is opportunity for local solutions to local issues.

1.3 Finance

1.3.1 The group discussed the financial aspects involved in establishing an ambulance service. It was not possible to identify the actual figures involved. However, elements that would be required include premises not just for a Clinical Hub (call centre) and ambulance stations, but also for the back office, and workshops for the maintenance of vehicles; recruitment of the workforce – paramedics, emergency care assistants, back office staff, managers etc. The vehicle fleet would need to be purchased; both double crewed ambulances (DCAs) and Rapid Response Vehicles (RRVs). The governance structure would need to be established and maintained. Then there are also bespoke uniforms to purchase and technology to invest in, and legal costs. Clearly there would need to be significant investment to establish and then maintain and develop this service. These set up costs have already been incurred by the establishment of SWASFT, and the ongoing size of SWASFT gives rise to considerable economies of scale in the procurement of many of these products and services.

1.3.2 The working group was informed that it could not be guaranteed that a newly established county ambulance service would be able to rely on the transfer of vehicles and equipment from the current provider, eg. no vehicles were transferred

as part of the procurement of the Non Emergency Patient Transport Service. Therefore would it be economically viable for a county ambulance service to purchase a fleet, and then would it be able to effectively maintain and develop it? For information the current cost of a purchased front line vehicle (DCA) is £130k.

1.3.3 Following a review of the service in Gloucestershire SWASFT identified that, in order to improve effectiveness and better fit the Gloucestershire profile, a rebalance of the ratio of DCAs to RRVs was required. It is expected that there will now be 30 DCAs and 13 RRVs in place in the county compared to 20 DCAs and 21 RRVs at present. In addition, SWASFT are just moving into a new Clinical Hub, in South Gloucestershire, at the cost of £7m, designed to cover the North Division.

1.3.4 Recruiting and maintaining a workforce is crucial. Would a standalone service be able to offer sufficient opportunities for progression to attract and retain staff? Paramedics are a valuable resource and are in demand. SWASFT has, for example, already lost paramedics to the Gloucestershire Care Services NHS Trust. SWASFT is currently significantly investing in a recruitment campaign and training programme (£2m) to increase the workforce and to strengthen the skill base of clinical staff. Would these programmes of work be possible in a smaller standalone service? Would a smaller service be able to offer £2k ‘golden hellos’ and £6k relocation as SWASFT are currently?

1.3.5 It is clear that the costs of establishing and maintaining a local ambulance service would be challenging; SWASFT currently has one of the lowest management costs of the 10 Ambulance Foundation Trusts in the country. Given the size that a Gloucestershire service would be, could there be sufficient incentive or motivation for staff to remain? SWASFT, being regional, can and does offer its staff good opportunities for progression and upskilling, but even so it has lost staff to other NHS Trusts. Also, with significant fixed costs, could a smaller, county-wide service, hope to be financially stable or able to meet its statutory targets and responsibilities?

1.4 Cross Border Working

1.4.1 As now ambulances would still need to travel across borders (Wales, Wiltshire, Herefordshire, Worcestershire, Oxfordshire and Bristol). The nearest ambulance to an emergency is the one that must respond. Memorandums of Understanding (MOUs) and standing operational procedures (SOPs) would need to be established with these neighbouring authorities. At present there are particular challenges relating to Wales, with SWASFT having to respond daily to a number of calls due to the lack of DCAs located in the Chepstow/Newport area. This can mean that a SWASFT DCA having responded to a call (as the nearest ambulance) can become unavailable for a long period of time. This is a particular issue for SWASFT; the impact on a smaller ambulance service would be significant.

1.4.2 Within the context of devolution the group was interested to hear that in those areas where devolution is already happening there is no will to bring the ambulance

service in house, e.g. the North West Ambulance Service NHS Foundation Trust is still the provider across the Greater Manchester Combined Authority area.

1.5 Conclusion

1.5.1 Having considered all this information the working group agreed that the recommendation to council must be that the establishment of a county-wide ambulance service is neither viable nor desirable, and should not be progressed. This decision was taken not just in response to the factors around economies of scale and costs, but what is best for the people of Gloucestershire. With one of the lowest management costs in the country for Ambulance Trusts SWASFT is therefore making best use of the Gloucestershire pound; and, the rebalance of vehicles to better fit the Gloucestershire profile should deliver a more effective service in Gloucestershire. This decision was also made in recognition of the anticipated significant positive impact of the Ambulance Response Programme (ARP) pilot and the efficiencies and improved effectiveness that this will engender to the benefit of the people of Gloucestershire. (This is discussed in the next section of the report.)

1.5.2 It is important not to overlook that the most significant factor here is quality patient care. During the debate on 23 June 2016, it was helpful that two of the SWASFT representatives at the meeting had previously been part of the GWAS workforce. They were able to assure members of the working group that, in their view, since SWASFT became the provider of the Ambulance Service in February 2013 the quality of patient care has greatly improved.

Recommendation 1

That this council agree that the establishment of a county-wide ambulance service is neither viable, nor desirable, and not in the best interests of the population of Gloucestershire, and should not be progressed.

1.5.3 The working group was made aware that SWASFT has been considering updating the logos on DCAs and RRVs based in Gloucestershire to include the Gloucestershire Flag and name on the vehicle’s door. The working group fully support this initiative and agreed that this is a positive message to send to the people of Gloucestershire.

Recommendation 2

That this council supports the addition of the Gloucestershire Flag and name to SWASFT vehicles based in Gloucestershire and that the Leader and Chief Executive of the council write to the Chair and Chief Executive of SWASFT, and the Chair and Accountable Officer of the GCCG, and urge them to pursue this initiative.

2 AMBULANCE RESPONSE TIME CHALLENGES

2.1 Context

2.1.1 The HCOSC has been concerned about response times in the rural areas for some considerable time and has consistently challenged SWASFT about the actions and initiatives in place and how it planned to address this matter. Having said that the committee has also been concerned for some time about the nature of the targets themselves; is it sufficient that all they tell you is how long the vehicle took to reach the patient? Would it not be better to know that the right response was made to a call to ensure the best health outcome for the patient? If the target is only time driven then it is entirely possible to have a situation where the ambulance arrives within the 8 minute target, the patient does not survive, yet the performance framework classifies this as a success; whilst a response in 8+ minutes with the patient surviving is deemed a failure. Working group members agree that it is questionable whether this is the best way to measure performance.

2.1.2 Only a small percentage of 999 calls to ambulance services are as a result of life threatening illness and injury and require treatment at a specialist emergency centre; being able to properly identify these calls and send the right response as quickly as possible is paramount. Therefore it is important to be aware that the current performance framework has led to inefficient behaviours (across all ambulance trusts), particularly with regard to the inefficient use of resources, some examples of this include: -

- Dispatching resources to a 999 call, on blue lights and sirens, before it has been determined what the problem is and whether an ambulance is actually required;
- Dispatching multiple ambulance vehicles to the same patient, on blue lights and sirens and then standing down vehicles least likely to arrive first;
- Diverting ambulance vehicles from one call to another repeatedly, so that ambulance clinicians are constantly chasing time standards;
- Using a ‘fast response unit’ to ‘stop the clock’, when this provides limited clinical value to a patient, who then waits for a conveying ambulance;
- Very long waits for lower priority calls that nevertheless need assessment and conveyance to hospital.

(Source: SWASFT Integrated Corporate Performance Report April 2016)

2.2 Ambulance Response Programme (ARP)

2.2.1 The ARP, led by NHS England (NHSE), is about ensuring that the focus is on improving health outcomes. RED calls rightly remain time critical. Phase 1 of this work completed earlier this year, and Phase 2 commenced on 19 April 2016 with SWASFT, the Yorkshire Ambulance NHS Foundation Trust and the West Midlands NHS Foundation Trust piloting this work. The objectives of the trial are to: -

- Use a new pre-triage (nature of call) set of questions for 999 incidents;
- Achieve a more clinically focused and patient based set of outcome standards delivering an improved experience for all patients;
- Deliver more available resources, as a result of fewer multiple allocations, to respond to life-threatening incidents;
- Allocate the most clinically appropriate resource to patients by taking time to triage the call and increase the use of the Hear & Treat and See & Treat patient pathways where clinically appropriate;
- Create a new evidence-based set of clinical codes that better describe the patient's problem and response/resource required.

(Source: SWASFT Integrated Corporate Performance Report April 2016)

The findings from this trial will be subject to independent review by Sheffield University.

(For more information on See and Treat and Hear and Treat please see Appendix 2)

2.2.2 The working group was pleased to note that the transition to the change of performance monitoring is going well; performance remains an area that commissioners want to have assurance on, particularly amber calls. Current expectations are that this pilot will be extended for the current participating Trusts. The University of Sheffield will be undertaking an evaluation during the summer for NHSE.

2.2.3 SWASFT is also in the process of consulting staff on the restructuring of rotas to better align with periods of high demand and in response to the requirements of the ARP as discussed above. As already stated the Trust has reviewed the balance of the double crewed ambulances to rapid response vehicles in the county and is restructuring these resources to better fit the Gloucestershire profile.

2.2.4 The working group agreed that the ARP, the re-profiling of the SWASFT vehicle fleet in Gloucestershire, and the changes to staff rotas, have the potential to make a significant difference to the quality of patient care in Gloucestershire. The working group agreed that this work should be given the support of council. The working group also agreed that it would be important for the HCOSC to receive a report from SWASFT on 7 March 2017 on the impact of the full implementation of the ARP. This will also enable the HCOSC to identify whether there are specific aspects that need to be highlighted for follow up in the new council.

Recommendation 3

That this council offers its full support to the Ambulance Response Programme in the expectation that it will deliver improved quality of care to the people of Gloucestershire.

Recommendation 4

That this council requires the Gloucestershire Clinical Commissioning Group and the South Western Ambulance NHS Foundation Trust to report to the Gloucestershire Health and Care Overview and Scrutiny Committee on 7 March 2017 on the impact of the implementation of the Ambulance Response Programme.

2.3 Addressing the rural challenges

2.3.1 SWASFT has a very robust and active Community First Responder and Defibrillator programme. SWASFT are clear that this activity is not about being able to tick the target box, but is about delivering the best patient care. Much of this activity is about helping communities to help themselves. Many members of council are already in contact with the SWASFT Gloucestershire Community Responder lead and actively work with their parish councils with regard to the recruitment of community first responders (CFRs) and to locate Public Access Defibrillators (PADs) in their division. The working group was informed that the Forest of Dean District Council is very supportive of this work and has part funded (up to £500) the installation of PADs. During 2015/16 20 grants were awarded to parishes/wards and a second round of funding is available (closing date 31 March 2017). SWASFT are always looking to increase the number of CFRs and PADs in the community and welcome contact by elected members to discuss what can be done in their division.

2.3.2 The co-responder scheme with the Gloucestershire Fire and Rescue Service (GFRS) has been in place for some years in rural parts of the County. Earlier this year, the scheme was extended to the North Cotswolds. Firefighters are trained to FPOS standard (First Person on Scene a nationally-recognised qualification) and are on-call to respond in their local area. Cardiac care has also been recently introduced in Cheltenham, Gloucester and Stroud. An ambulance will still be despatched. Given that cardiac arrest response timing is crucial this scheme has the potential to be lifesaving.

2.3.3 The GFRS representative informed the working group that the service was ambitious in wanting to expand further into the medical emergencies field. The group was informed that a particular challenge at the moment was the impact of the ARP. This has reduced the number of callouts to GFRS and although this is positive, it does mean that firefighters having been trained are now frustrated that they are not more regularly called out. In response, SWASFT were clear that, whilst they were unable to review this while the ARP pilot was running, it was felt that in the longer term there would be the opportunity to review this position. It is important to note that GFRS recover costs from SWASFT for every call out to which it co-responds.

2.3.4 GFRS also operates the Telecare Response Service. This is a 24/7 365 day service that responds to telecare alerts across Gloucestershire, and has been in operation across the whole county since June 2015. Between June 2015 and January 2016 the GFRS response saved 54 ambulance call outs, and 10 hospital

admissions. This is just one part of the work that GFRS do to support Health partners. It is clear that a joined up approach, using resources effectively, to the benefit of the people of Gloucestershire and partners, is one way of reducing the pressure on health services. The council and all partners should continue to identify opportunities for joint working.

2.3.5 The working group heard from SWASFT that in the rural areas it would help them respond to calls quickly if residents ensured that their homes are clearly identified by number or name; and if they are waiting for an ambulance do everything possible to highlight their home, eg. turn on the hazard lights on their car(s), switch house lights on. The working group is aware of one household that draped white towels over the walls at the entryway to their house, this was very helpful.

2.3.6 The working group expect that the ARP will make significant improvements to the service in the rural areas. The improved triaging, and therefore better allocation of resources, will leave more vehicles available to respond to the Amber and Green calls. SWASFT have also employed a full time collaboration officer to work with partner organisations to identify and develop further opportunities for joint working and it is further expected that a continued joint approach across partners will also have a positive effect on the quality of patient care in the rural areas.

3. OTHER ISSUES IDENTIFIED FOR ACTION

As has already been mentioned an ambulance service is one part of the health service. Activity in other areas has the potential to negatively impact on the ability of the ambulance service to respond to calls in a timely and effective way. The working group therefore agreed that it was important to highlight some of the other issues that were identified during the course of the meeting on 23 June 2016.

3.1 Welsh Border

3.1.1 This report has already referred to a specific cross border challenge for SWASFT with regard to the ‘loss’ of vehicles across the Welsh border as a result of the lack of DCAs in that area. As already discussed, the requirement that the nearest ambulance to an emergency is the one that must respond means that SWASFT has no choice in this matter, and would, of course, not wish to place anyone in jeopardy.

3.1.2 Further exacerbating this situation for SWASFT are the significant handover delays at the Royal Gwent Hospital in Newport. The May 2016 Anuerin Bevan University Health Board performance report states that there has been a consistent reduction in performance against the 60 minute handover ambulance over the last part of the year (2015/16).

3.1.3 These delays impact on the availability of vehicles able to respond to calls in Gloucestershire, in particular the Forest of Dean area. The working group therefore recommends that this council should support SWASFT in addressing this issue and write to the Chair and Chief Executive of the Welsh Ambulance NHS Trust, the Chief

Executive of NHS Wales, and the Chair and Chief Executive of the Aneurin Bevan University Health Board, to ascertain what actions they are taking to address these issues.

Recommendation 5

That the Leader and Chief Executive of council write to the Chair and Chief Executive of the Welsh Ambulance NHS Trust, the Chair and Chief Executive of the Aneurin Bevan University Health Board, and the Chief Executive of NHS Wales, asking for information on how they are addressing the unavailability of Double Crewed Ambulances in the Newport and Chepstow areas, and the handover delays at the Royal Gwent Hospital; and when this council can expect these issues to be resolved.

3.2 Chargeable Handover delays at the Acute Hospitals

3.2.1 Chargeable Handover delays mean operational hours lost to SWASFT. There are locally agreed handover escalation procedures in place; and SWASFT works with the CCGs in targeting hospitals with consistently long delays particularly during periods of high activity. Whilst the Acute Hospitals in Gloucestershire are not identified by SWASFT as one of these hospitals, there were 175 operational hours lost at Gloucestershire Royal Hospital in March 2016 (SWASFT Integrated Corporate Performance Report March 2016).

Recommendation 6

The working group therefore recommends:-

That the council asks the Gloucestershire Clinical Commissioning Group and the Gloucestershire Hospitals NHS Foundation Trust to submit a report to the Health and Care Overview and Scrutiny Committee (November 2016) on the actions in place to address and reduce handover delays at the Acute Hospitals in Gloucestershire.

3.3 AdviceASAP Campaign

3.3.1 A consistent theme through the meeting, and from debates at HCOSC committee meetings, is that of public expectation. It was agreed that the public need to be more realistic and understand that an ambulance does not necessarily need to respond to all 999 calls, and if an ambulance is required unless the event is immediately life threatening the expectation should not be that it arrives in 8 minutes. People need to understand that there are viable alternatives to dialling 999; that they recognise the value of using their community pharmacy, the Minor Illness and Injury Units and the NHS111 service. The HCOSC has also been informed that people are now ‘walking-in’ to the Out of Hours Service instead of using the NHS111 system to book appointments; and members have heard how many of these ‘walk-ins’ were not urgent and could have waited to see their GP. Better use by the public of all the

health services which are there to help them means less pressure on the emergency services, and leaves them better able to respond to genuine emergency calls.

3.3.2 The working group agreed that this is an area where every member of council could play a significant role. The GCCG has a robust communication strategy to inform the public of the best ways to engage with health services and elected members are asked to support this campaign. As community leaders elected members could, when attending community/parish council meetings, and through their Newsletters, promote the AdviceASAP App which gives advice on medical conditions and directs people to where to get help; and encourage people to download this onto their Smart phone(s) and to also inform the community about the website www.asapglos.nhs.uk. The GCCG is happy to share promotional material with members to support them in this activity.

3.3.3 Elected members, particularly in the rural areas of the county, could also play a key role in encouraging people to ensure that their properties are easily identifiable to help SWASFT locate them should an ambulance be required to attend.

Recommendation 7

The working group recommend that this council agrees:-

1. That elected members as community leaders undertake to download the AdviceASAP App to their Smart phone, for their personal use and to encourage its use in their local communities;
2. That elected members promote the AdviceASAP App and associated Website in their communities through their Newsletters and their work with community groups and parish councils, and
3. That elected members encourage their local communities to ensure that their properties are clearly identified to help the ambulance service locate them in the event of an emergency.

3.4 Urgent Care Centres (UCCs) and Community Services

3.4.1 The GCCG are in the process of redesigning Primary and Urgent Care Services in the county. Within this redesign the GCCG will need to be mindful of the new models of care identified as part of the Sir Bruce Keogh led national review of urgent and emergency care, the NHS Five Year Forward View and the Sustainability and Transformation Plan (STP).

3.4.2 Within this work the GCCG will be looking at the location of UCCs and the working group ask that the GCCG ensure that particular attention is paid to the rural areas. The Clinical Models for Ambulance Services report (NHS England November 2015) states that ‘commissioners will want to consider that additional investment in rural areas may prove particularly cost effective, with paramedics based at UCCs in remote communities, and working as an integral part of the local urgent care system’ (p17).

3.4.3 The GCCG is also leading on the review of Community Services in the Forest of Dean and proposals around the opening times for the Minor Illness and Injury Units (MIIUs) at the Community Hospitals. As with UCCs Community Services and MIIUs can support people on a local level providing quality patient care in a local setting and therefore reduce the impact on the emergency services. The working group is clear that the HCOSC will need to understand the impact on the rural areas of the proposals coming through this work.

Recommendation 8

The working group recommends:-

That this council requests the Gloucestershire Clinical Commissioning Group keep the HCOSC regularly updated on the progress of the redesign of primary and urgent services, and the planned location of the UCCs when known.

3.5 Paramedics

3.5.1 During the meeting it was made clear to the Director of Operations at SWASFT that elected members have heard directly from paramedics, and that they were expressing some discontent with current working conditions. The working group was informed that the latest SWASFT staff survey has shown an increase in the level of staff satisfaction (do you enjoy coming to work?) in the Northern division, which includes Gloucestershire.

3.5.2 However the Director did explain that paramedics nationally were not happy with aspects of the role including pay grades and pensions/retirement age. With regard to pay paramedics were at the same grading as 10 years ago but the specification of the role has widened significantly; and there were equivalent posts in a hospital setting where the grade banding was higher. The current retirement age was 68 which is felt by paramedics to be unsuitable given the rigours of their job. In short paramedics, considering the high regard the public place them in, are feeling undervalued.

Recommendation 9

The working group recommends: -

That the Leader and Chief Executive of the council write to the Chair and Chief Executive of SWASFT to inform them that this council values paramedics and holds them in high regard; and recognises their important role in the delivery of quality patient care to the people of Gloucestershire.

3.6 Presentation to council by SWASFT

3.6.1 In conclusion the working group agreed that it would be beneficial to all members of council, and district partners, to invite the Chief Executive of SWASFT to undertake a presentation to elected members. This will enable members to see first

hand the significant role played by SWASFT in the delivery of health care across the county; and to also directly question the Chief Executive on matters of concern/information.

Recommendation 10

The working group recommends: -

That this council invites the Chief Executive of SWASFT to undertake a presentation on the work of the ambulance service to all members of council, and that this event is also opened up to district members.

County Council 2 December 2015
Extract from minute 77

Motion 759 – Ambulance response times
Proposed by Cllr Paul Hodgkinson
Seconded by Cllr Joe Harris

This Council notes that on Wednesday 28 May 2014, a motion concerning ambulance response times was brought to this chamber and received unanimous cross-party support.

This Council is still increasingly concerned about the South Western Ambulance Service NHS Foundation Trust's (SWASFT) continued failure to meet their 75% target in responding to the most urgent calls within 8 minutes.

This Council acknowledges that the issue of ambulance performance is being monitored by both the Council's Health and Care Scrutiny Committee (HOSC) and the South Western Ambulance Service Joint Health Overview and Scrutiny Committee, but wants to see once again significant improvement in the response times in those districts that are failing to reach the 75% target.

This Council therefore asks both the Leader and the Chief Executive to write to the CEO of SWASFT noting the letter written back in May 2014 and asking for specific actions which will take place so that response times are significantly improved especially in the following four districts - Forest of Dean, the Cotswolds, Tewkesbury and Stroud.

This Council also requests that the Health and Care Overview and Scrutiny Committee explores the option of creating a county-wide ambulance service rather than a regional one, with recommendations produced for full Council to debate.

In moving the motion, Cllr Hodgkinson expressed serious concern that there had been no improvement in ambulance response times since the last motion considered by the Council in May 2014. He said that performance, particularly in the more rural areas, was dreadful and had fallen significantly over the last year. In September 2015 the ambulance service had responded to only 30.8% of RED1 calls in the Cotswold District within the national 8 minute target. In September 2014, the figure was 53%. Performance in other rural parts of Gloucestershire including the Forest of Dean and Stroud Districts was also very poor and was falling.

He commended the work of paramedics and other ambulance staff but said that more resources were required on the ground. He believed that it was time to look at the potential for an ambulance service in Gloucestershire linked closely to the Police and the Fire and Rescue Service. Such a move would fit well with the devolution proposals currently being considered for Gloucestershire.

In seconding the motion, Cllr Harris stated that it was literally a matter of life and death and urgent steps needed to be taken to address the problems. He paid tribute to the efforts of ambulance staff but he said that there were simply not enough ambulances and crews available on the ground. He noted that 10 years ago, before the merger to form the Great Western Ambulance Service, the Gloucestershire Ambulance Service was recognised as high performing with first rate training of staff and initiatives such as the Tri-Service Centre.

Cllr Iain Dobie, Chair of the Health Overview and Scrutiny Committee, advised members that his committee was scrutinising ambulance response times on a regular basis. He said that

members had visited one of the ambulance control centres and a number had travelled on ambulances as observers. He recognised that the South Western Ambulance Service demonstrated best practice in a number of areas but he supported the motion which would allow his committee to examine the issues in more detail.

Other members spoke in support of the motion. They recognised that the geography of the county made it difficult to meet targets for response times. The number of RED1 calls in the most rural parts of the Cotswolds were very low so the performance figures could be misleading. They noted, however, that efforts made by the ambulance service, including an additional ambulance stationed in Cirencester, had failed to address the problems.

A member was particularly concerned that ambulance response times in the North Cotswolds were amongst the poorest in the country. He called for a change in leadership of the ambulance service with efforts being made to harness capacity within the Police and the Fire and Rescue Services.

Another member noted that funding had been cut for health services and ambulance services were under inordinate pressure. He stated that it was about outcomes for patients and not simply response time targets. He said that the Police and Fire and Rescue Service were not subject to the same targets.

On being put to the vote, the motion received unanimous support.

RESOLVED that

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This Council is still increasingly concerned about the South Western Ambulance Service NHS Foundation Trust's (SWASFT) continued failure to meet their 75% target in responding to the most urgent calls within 8 minutes.

This Council acknowledges that the issue of ambulance performance is being monitored by both the Council's Health and Care Scrutiny Committee (HOSC) and the South Western Ambulance Service Joint Health Overview and Scrutiny Committee, but wants to see once again significant improvement in the response times in those districts that are failing to reach the 75% target.

This Council therefore asks both the Leader and the Chief Executive to write to the CEO of SWASFT noting the letter written back in May 2014 and asking for specific actions which will take place so that response times are significantly improved especially in the following four districts - Forest of Dean, the Cotswolds, Tewkesbury and Stroud.

This Council also requests that the Health and Care Overview and Scrutiny Committee explores the option of creating a county-wide ambulance service rather than a regional one, with recommendations produced for full Council to debate.

- Hear & Treat/Refer – those incidents that were resolved by providing clinical advice over the telephone (without an ambulance resource attending the scene) or where the caller was referred to a more appropriate service (e.g. to contact the NHS 111 service);

- See & Treat/Refer – where an ambulance resource arrives at the scene of an incident and the patient is treated without the need to convey the patient. This may include referring the patient to an alternative care pathway (e.g. to visit their GP) where appropriate to best meet the needs of the patient.

- See & Convey – where an ambulance resource arrives at the scene of an incident and following treatment by the ambulance service, at least one patient requires conveyance.