

GETTING TO PATIENTS FASTER – AMBULANCE SERVICE CONSULTATION

1 SUMMARY

- 1.1 This report deals with a consultation document which has been issued by Essex Ambulance Service NHS Trust on changes to ambulance stations and operational methods to improve ambulance response times.
- 1.2 Comments have been invited by 30 June 2000.

2 CONSULTATION DETAILS

- 2.1 The consultation document is appended.
- 2.2 The ambulance service has identified a number of 'key locations' which provide the optimum chance for an ambulance to reach an emergency within eight minutes, which is the target time. These include the junction of Ashingdon Road and Rectory Road within this District.
- 2.3 Many existing ambulance stations are not well sited in relation to these key locations, and the most radical of the four options discussed in the document suggests closure of all but eleven existing stations. This would include the Rayleigh Weir station.
- 2.4 The less radical proposal (option 4 in the document) favoured by the Trust would retain the Rayleigh ambulance station and enhance its role as a 'reporting station' with increased staff management.
- 2.5 The present ambulance station on the Southend Hospital site will need to close for other planned development on that site to proceed. The Trust has advised that alternative sites for reprovision are being investigated.

3 RESPONSE

- 3.1 In addition to any points Members may wish to be made, the following might be considered for inclusion in any response:

- The Council considers that the ambulance service fulfils an essential and valued front line role. It is concerned that the best possible service must be provided within the resources available and supports, in principle, changes which will result in improved outcomes for patients. But, it is concerned that proposed changes should be widely consulted on, including with staff and local communities, and should be carefully implemented to minimise risks to the service.
- The Council is concerned about the proposed closure of Southend Ambulance Station and believes that adequate alternative facilities must be provided before this goes ahead.

3.2 Dependent on the responses to this informal consultation, South Essex Health Authority will decide whether to undertake a more formal consultation.

4 ENVIRONMENTAL IMPLICATIONS

4.1 The provision of, and confidence in, health services such as the ambulance service is essential to the health and well-being of the community.

5 CRIME AND DISORDER IMPLICATIONS

5.1 The ambulance service is called to assist at many crimes and accidents. It is essential that the District is provided with a high quality ambulance service.

6 RECOMMENDATION

It is proposed that the Committee **RESOLVES**

- (1) That the Council's response be as outlined in the report, as amended or supplemented by points raised by Members.
- (2) That South Essex Health Authority be urged to conduct a formal consultation on these proposals. (26609) (HHHCC)

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For further information please contact Graham Woolhouse on (01702) 546366

Essex Ambulance Service NHS Trust

GETTING TO MORE PATIENTS FASTER

A Consultation Paper

Introduction

Essex Ambulance Service NHS Trust is proposing to relocate ambulances in the county to ensure that more people with life-threatening emergencies are reached more quickly by trained staff in order to save more lives.

Over 140,000 people die from a heart attack in the UK every year, many under the age of 75. Of those, two thirds do not reach hospital alive, many dying in the first few minutes after the attack. But if trained help can get to them in under eight minutes, timely resuscitation and defibrillation can make a real difference to survival.

Ten per cent of all emergency call-outs - 40 a day in Essex - are to potential heart attacks. We must also aim to reach all other life threatening emergency conditions quickly - but about 75% of our 999 calls are not necessarily so time critical.

At present only 1.7 per cent of patients who suffer a cardiac arrest outside hospital in Essex survive. Yet some health systems internationally report a 'save rate' of over 25 per cent. The low survival rate in Essex has remained largely unchanged for many years, despite improvements in ambulance response times, training and equipment. Even with skilled staff and modern technology we are simply not getting to these patients quickly enough and the figures confirm the need for a real improvement.

We now have a genuine opportunity to achieve this target, having received a total of £1.2 million extra per year following the Budget announcement. By investing this extra money in 58 more front line staff, seven more rapid response vehicles and making additional ambulances available at busier times, we can go some way to saving more lives.

If we can reach 75 per cent of life-threatening calls within eight minutes, 120 extra lives should be saved in Essex each year. But to do so an expert study confirms that we also need to use all our resources more effectively. As well as taking steps to start ambulances moving more quickly in answer to 999 calls, we also have to position them at key locations which enables them to respond to more calls within the eight minute target. This is the proposal on which we are seeking views, informally to begin with.

The location of ambulances

Ambulances in Essex are based at our 31 ambulance stations. Many were built in the 1960s and are no longer in the right place for current needs. The stations were built at a time when emergency demand was much lower – it has increased by 50 per cent just in the last ten years – and when crews spent much more time than they do now simply waiting to be called out. Our detailed analysis shows that only 11 are actually in the right place to meet today's demand.

What is the most critically important to patients – particularly those suffering a life threatening injury or illness – is not where the nearest ambulance station is, but the location of the nearest ambulance and crew.

Careful analysis of call patterns allows us to predict where emergency demand is most likely to occur. Most calls naturally come from the urban rather than rural parts of our area. To get better results we must match the supply of ambulance staff and vehicles to the pattern of demand – still covering rural areas as effectively as urban ones, but discarding a deployment pattern based on ambulance stations in favour of locations that allow us to reach as many life threatening emergencies as possible in the shortest possible time.

With the help of independent experts we have undertaken a detailed study of this. Based on an analysis of our actual demand over a six month period we are confident that there are 27 key locations in the county from which ambulances would be able to hit the target of responding to over 75 per cent of life threatening emergency calls within eight minutes. (Annex A)

These locations vary depending on the time and the day of the week and most are not at the existing ambulance stations. In many cases these are already used in preference to ambulance stations – many of which in practice seldom contain a vehicle or crew for much of the time. Activating a vehicle from a station also takes more time and our proposal is based on the principle of keeping crews on standby in their vehicle and in the right location.

This does not mean that ambulance crews will never be based at ambulance stations or that they will have to spend lengthy periods at isolated spots waiting for a call. Keeping crews on standby in their vehicle for prolonged periods is unreasonable and is not being proposed. At busy times and in key locations experience demonstrates that ambulances are unlikely to remain on standby for any significant period. Wherever crews are expected to be on standby for over one hour staff accommodation will be sought where possible and locations without facilities will not be routinely used at night. And as we are expecting more from our professional staff we will pay particular attention to their comfort and the facilities and back-up that they need.

The financial picture

These proposals are not being made to save money and we have already said that the service is receiving an extra £1.2 million a year to improve its performance. But deploying ambulances more effectively will leave ambulance

stations even more under used than they are at present and disposing of some of our redundant properties would save money on our annual revenue account. Ambulance stations cost £460,000 a year to keep in use, as well as the capital invested – the total value of the buildings is £8.5 million. There is an opportunity to put this money into more and better medical equipment, better radio systems and in-vehicle map displays.

The options

We are outlining here four options for the future on which we would welcome your views:

Option One – Do nothing.

Continuing to respond to 999 calls in the same way as we do now is the least disruptive option and may be the most attractive to some staff and the public, but we would have to invest much more than the £1.2 million extra in order to improve our performance. It also reinforces the incorrect belief that the presence of an ambulance station nearby is a guarantee of a fast response to a 999 call.

Option Two – Implement the key strategic locations proposal, while keeping all ambulance stations (see Annex A).

This is the least disruptive method of bringing forward the performance improvements, but also the most wasteful as money would continue to be tied up in redundant buildings and unavailable for spending on staff and resources. It would also continue to reinforce the myth that the ambulance station is the crucial factor rather than the ambulance.

Option Three – Implement the strategic key locations proposal, maintaining only the identified key cover stations (see Annex B).

This is the most cost-effective solution and would result in the closure of all but 11 of the existing stations. It would, however, be most disruptive to the staff, be very likely to generate public anxiety and would require major investment in most of the retained buildings.

Option Four – Implement the key locations proposal, maintaining some additional ambulance stations to limit disruption and improve the spread of cover (see Annex B).

This would make the improvements necessary to the service while offering more flexibility in crew reporting, accommodation for non emergency Patient Transport Service vehicles, extra cover points at night and the retention of 19 stations. This option would reduce disruption to crews and allay some public concerns. The disposal of 12 stations would result in the release of some £2.4 million in capital and £114,000 a year in running costs for investment in improved services.

The Trust believes Option Four is the best solution, the most balanced operationally, achievable and cost effective. It would produce a system based around crews reporting to and then being deployed from identified reporting stations to the key strategic locations and the two additional stations retained mainly for night cover and PTS vehicles.

It would also give the Trust the opportunity to improve station maintenance and facilities for refuelling, cleaning and equipping ambulance vehicles, to maximise operational availability and relieve crews of chores. Larger duty rosters would provide more flexibility in planning, staffing, shift relief and annual leave.

Summary

These proposals are prompted by a clear need to improve response times and save more lives. Improvement in technology and communications has changed the way ambulances are despatched and the old reliance on fixed ambulance stations is no longer appropriate in the 21st century. Instead the location and availability of ambulances and their skilled staff determine response time and lives saved.

Views are sought on the proposals within this document, and those comments will be passed to the North and South Essex Health Authorities who will then determine whether formal consultation is required before any changes are made.

These proposals are not being made simply to hit Government targets and improve the Trust's position in national league tables. Nor are they designed to favour residents of urban areas over rural ones. On the contrary, they are about achieving the best possible service for all our residents, wherever they live.

Please write with your comments to Peter Sharp, Essex Ambulance Service Headquarters, Broomfield, Chelmsford CM1 7WS, by Friday, 30 June.

ANNEX A

KEY STRATEGIC LOCATIONS

Eastwood/Leigh, Kent Elms Comer A127
Basildon, Basildon Hospital
Chelmsford, Chelmsford Ambulance Station
Colchester, Greenstead Ambulance Station
Clacton, Clacton Ambulance Station
Harlow, A414 junc Southern Way
Grays, Thurrock Ambulance Station
Loughton, Loughton Ambulance Station
Benfleet, Essex Way junc High Road
Brentwood, Brentwood Ambulance Station
Braintree, Braintree Ambulance Station
Witham, Witham Ambulance Station
Wickford, Wickford Ambulance Station
Southend, Sutton Road junc Eastern Avenue
Maldon, Maldon Ambulance Station
Frinton, Walton Road junc Norwood Avenue
Waltham Abbey, Honey Lane junc Old Shire Lane
Hadleigh, Victoria House Comer
Tilbury, Fort Road junc Brennan Road
Billericay, Western Road junc High Street
Harwich, Harwich Hospital
Aveley, Stifford Road junc Aveley Bypass
Rochford, Ashingdon Road junc Rectory Road
Pitsea, Pitsea Flyover
Saffron Walden, Saffron Walden Ambulance Station
Halstead, Halstead Hospital
Dengie Peninsula, Latchingdon area

ANNEX B

AMBULANCE STATIONS

KEY COVER STATIONS

Braintree *
Brentwood *
Chelmsford *
Clacton
Colchester Greenstead
Loughton *
Maldon
Saffron Walden
Thurrock *
Wickford
Witham

ADDITIONAL STATIONS

Basildon*
Colchester*
Harlow*
Rayleigh*
Stansted*
Weeley*
Canvey
Shoeburyness

* Proposed Reporting Stations

AMBULANCE STATIONS PROPOSED FOR DISPOSAL

Billerica
Burnham
Corringham
Dunmow
Epping
Frinton
Halstead
Harwich
Ongar
South Woodham Ferrers
Southend
Waltham Abbey