

Rugby HOSC Questions

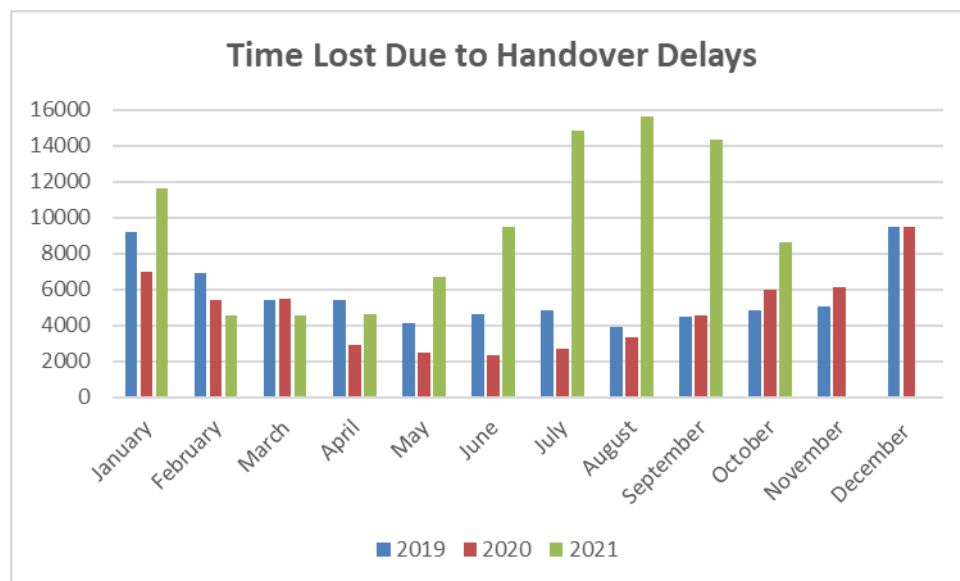
- 1. When WMAS say that the Rugby Ambulance is hardly ever in Rugby, what will happen to the people of Rugby if we ever do return to the historical demands on the NHS as the Health Secretary claims? Ambulances won't be in the area or even at UHCW but at the Ambulance hub 17 miles from St Cross and 20-30 miles away from Rugby's villages and Southam.**

Our demand is already exceeding the levels seen pre-pandemic. This will be our busiest year ever. The figure for Coventry & Warwickshire is 7.81% above contract.

Ambulances will continue to be in the area as they are now. The suggestion that ambulances will have to travel from Coventry to each case is just simply wrong. Less than half of patients are taken to hospital. That means the ambulance is then available to respond to patients in the Rugby area as soon as it is clear. There will undoubtedly be some cases where an ambulance does have to respond from Coventry, but it certainly isn't all of them.

- 2. Could WMAS confirm how did the review take place and how can they justify the decision to remove the complete service from a large town in such a short space of time? What were their considerations, was the final decision taken by the WMAS board in an open and transparent way, if not why?**

The Trust constantly looks at performance data and we can see that our response times are not good enough. The majority of the issue is down to the amount of time our crews spend waiting to hand over patients at hospital. As you can see from the below graph, the level of delays is simply horrific and this is having a hugely adverse impact on our ability to get to patients.



October 2021 to 17th of month

In addition, as already mentioned, our demand has risen very sharply during the summer months with 19 of our 20 busiest days ever coming in July to September.

As a result, we need to make any changes that we can to improve response times so that we can protect patients and save more lives. The original plan had not been to close these sites until next year, but the situation outlined above with the hospitals has become so severe that we have had to bring forward the plans, as to do nothing was not an option due to the dreadful impact the handover delays are having on our ability to get to patients.

Closing the CAS sites will allow us to make a much more efficient use of the ambulance crew. If a crew start at a hub, such as Coventry, they do so with an ambulance that is cleaned, fuelled and has a standard load list that should last the full 12 hour shift. With the CAS site ambulances, the crew start with an ambulance that has been used for around half a shift; they have to return to the hub to swap over to a new vehicle every shift (twice a day); there is additional time spent travelling back to the CAS point for meal breaks and at the end of their shift; all time that means the crew are not available to respond to patients.

In addition, if the ambulance is delayed at say University Hospital Coventry & Warwickshire (UHCW) at the end of their shift and they are an hour late getting back to the CAS point, then the on-coming crew have no vehicle to respond in and we effectively lose another hour of ambulance time due to the situation – a ‘double whammy’.

Simply closing the remaining 10 CAS sites will enable us to get to an additional 5,000 to 6,000 cases every year with no additional resource! While saving money is not the driving factor behind the closures, the decision to close the CAS sites will also free up around £750,000 which will be reinvested in frontline patient care also seeing additional staff hours and ambulance shifts for Warwickshire. These changes will help to save lives; unlike keeping the seldom used buildings which will not.

It is also important to note that the same number of ambulances and the same number of staff will continue to operate in the Rugby area.

The Board was fully appraised of the situation and has shown it’s unanimous support.

3. Could WMAS confirm that this change has nothing to do with its financial position?

We can confirm that the decision has nothing to do with finances. The driving force behind the change is to make more efficient use of precious NHS resources so that we can respond to more patients, more quickly and save more lives.

However, there will be a saving associated with the closures to the tune of £750,000 which will be reinvested in frontline services.

4. Will there be any change to response times for 999 calls?

As outlined above, the change will allow us to make more efficient use of our resources so should allow us to get to more patients more quickly than we do currently. However, this will largely depend on how quickly we are able to hand patients over at hospital, a matter that is out with our control.

5. A number of conditions (Heart attack, Sepsis, Stroke, Trauma) all go to UHCW as our tertiary provider. Time is of the essence, and can we be assured that Rugby patients will be reaching UHCW within the golden hour?

The Trust is committed to getting all of the above patients to hospital as quickly as possible.

6. What are the response times for Rugby borough area of the last 12 months?

Category 1 Incidents - Rugby

Year	Month	Total Incidents	Mean	90th Centile	Shortest Response Time	Longest Response Time
2020	October	617	0:07:21	0:12:25	0:00:23	0:54:41
2020	November	636	0:06:43	0:10:57	0:00:18	0:24:50
2020	December	642	0:06:29	0:10:48	0:00:27	0:23:33
2021	January	677	0:06:25	0:10:49	0:00:16	0:25:46
2021	February	583	0:06:31	0:11:06	0:00:22	0:27:10
2021	March	691	0:06:19	0:10:38	0:00:01	0:39:57
2021	April	654	0:06:23	0:10:46	0:00:00	0:25:53
2021	May	798	0:06:51	0:11:51	0:00:08	0:27:09
2021	June	809	0:07:07	0:11:58	0:00:09	0:23:58
2021	July	978	0:07:57	0:13:38	0:00:41	1:10:08
2021	August	865	0:07:27	0:12:14	0:00:14	0:36:04
2021	September	938	0:07:58	0:13:32	0:00:26	0:35:22

1/10/20 to 30/9/21	8,888	0:07:02	0:11:52	0:00:00	1:10:08
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Category 2 Incidents - Rugby

Year	Month	Total Incidents	Mean	90th Centile	Shortest Response Time	Longest Response Time
2020	October	4,034	0:13:50	0:24:33	0:00:00	1:47:24
2020	November	3,880	0:13:19	0:24:24	0:00:00	1:42:00
2020	December	4,137	0:14:18	0:26:36	0:00:00	2:49:01
2021	January	4,470	0:13:42	0:25:21	0:00:00	1:37:00
2021	February	3,572	0:12:06	0:21:12	0:00:00	1:19:57
2021	March	4,136	0:12:16	0:21:29	0:00:00	1:11:00
2021	April	4,296	0:13:52	0:25:20	0:00:07	1:34:03
2021	May	4,792	0:18:05	0:33:33	0:00:00	3:28:38
2021	June	4,777	0:23:46	0:48:39	0:00:00	4:17:29
2021	July	4,783	0:41:04	1:28:19	0:00:00	8:28:01
2021	August	4,358	0:28:15	0:57:53	0:00:01	5:38:56
2021	September	4,397	0:44:38	1:31:19	0:00:00	21:49:34

1/10/20 to 30/9/21	51,632	0:21:15	0:40:33	0:00:00	21:49:34
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Category 3 Incidents - Rugby

Year	Month	Total Incidents	Mean	90th Centile	Shortest Response Time	Longest Response Time
2020	October	3,113	0:42:27	1:40:07	0:00:27	6:55:15
2020	November	2,862	0:39:45	1:33:39	0:00:00	5:46:20
2020	December	2,961	0:44:24	1:45:04	0:01:01	11:30:35
2021	January	3,202	0:45:29	1:41:41	0:00:00	7:30:35
2021	February	2,770	0:26:13	0:56:22	0:00:00	4:03:30
2021	March	3,196	0:30:52	1:07:37	0:00:00	4:47:13
2021	April	3,021	0:39:43	1:24:49	0:00:00	7:15:04
2021	May	2,889	1:21:57	3:16:43	0:00:20	10:35:37
2021	June	2,338	2:15:05	5:34:11	0:01:14	16:31:49
2021	July	1,722	4:03:53	9:20:21	0:01:58	24:44:43
2021	August	1,918	2:07:45	5:06:06	0:00:33	17:03:15
2021	September	1,671	2:45:55	6:51:35	0:03:40	28:58:16

1/10/20 to 30/9/21	31,663	1:12:56	2:52:17	0:00:00	28:58:16
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Category 4 Incidents - Rugby

Year	Month	Total Incidents	Mean	90th Centile	Shortest Response Time	Longest Response Time
2020	October	150	0:59:30	2:19:38	0:00:14	10:50:59
2020	November	198	0:54:36	2:07:59	0:03:42	4:52:55
2020	December	165	0:58:53	2:20:51	0:02:52	6:14:15
2021	January	160	1:03:23	2:42:30	0:04:39	7:51:23
2021	February	199	0:39:19	1:29:53	0:02:15	4:22:52
2021	March	195	0:42:57	1:44:04	0:00:00	4:21:20
2021	April	198	0:59:21	2:27:09	0:02:58	4:52:23
2021	May	97	1:37:06	4:09:04	0:01:28	9:16:35
2021	June	84	2:24:49	6:53:36	0:02:32	12:59:44
2021	July	83	4:36:01	11:21:35	0:04:53	15:39:46
2021	August	97	2:49:55	5:56:59	0:00:07	14:39:57
2021	September	88	3:32:32	8:57:22	0:03:36	20:29:47

1/10/20 to 30/9/21	1,714	1:25:54	3:27:22	0:00:00	20:29:47
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As you will see, there is a direct correlation between the rise in handover delays and the deterioration in our performance as crews face longer periods outside hospitals.

7. What is the average time between a cat 3 or 4 case being taken and then being examined by advanced paramedics?

The figure will change on a day by day, hour by hour basis. Not all Cat 3 and 4 patients are sent to the Clinical Validation Team so it isn't possible to answer your question. However, you will see from the above tables the response to Cat 3 / 4 calls.

8. Over the last two years how many category 1 response times in Rugby have not been met in terms of the 7/8 minute national response times requirement?

Date Period	Total Incidents	Total Incidents Over 7mins Response	% Incidents Over 7mins Response
1/10/19 to 30/9/21	15,614	6,462	41.4%

9. What is the greatest challenge to the ambulance service currently in terms of meeting response times?

Hospital handover delays

10. What is the longest response time recorded in Rugby?

Category	Longest Response Time
Category 1	1:10:08
Category 2	21:49:34
Category 3	28:58:16
Category 4	20:29:47

11. If a second ambulance needs to attend because the issues are too difficult for the crew that is first to responded, which response time is recorded?

Under the guidelines set out by NHS England, for a Category 1 call, it is the first response that arrives be that a CFR, ambulance, paramedic officer or helicopter. For Category 2 – 4, it is the first conveying vehicle (i.e. ambulance) to arrive.

12. Could WMAS confirm that ambulances services are assessed by response times, they must reach 75% of category 1 calls within 8 mins and so on. If so, how does WMAS achieve this figure? Is it fair to say that the larger urban areas have more ambulances, so if you get to the Category 1 calls in Birmingham, Stoke, the Black Country and Coventry you meet the criteria needed?

The Trust is measured on the response times for the region rather than a specific area. The 75% target times were replaced by the Ambulance Response Programme in 2017 – further details can be found at: <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2021-22/>

Around 70% of our activity takes place in Birmingham and the Black Country (BBC) so inevitably, the largest number of ambulances are based there. But our Trust is committed to providing equality of service across the region, but as you will be all too aware, the distances involved in some parts of Warwickshire do have an impact on our ability to get to patients quickly. It's one of the reasons that we are in the process of moving dozens of staff from BBC to the more rural areas.

To explain further, a few years ago, Shropshire PCT looked at what additional resources would be needed to hit the then performance standards in all post code areas across the County. The result was that we would need to double our workforce and increase our ambulance fleet by two thirds. They chose not to invest anything further.

13. How are WMAS looking at working with community providers to manage patients more at home and reduce unnecessary hospital admissions and utilise primary care?

We have a close working relationship with South Warwickshire Hospitals Trust to target lower category calls so that patients do not wait for a response.

In addition, our Clinical Validation Team are having a significant impact on the calls that we have come in. For example, in August, of the 20,000 calls they looked at, 12,000 did not require and ambulance to be sent. Instead, they were able to send community teams such as advanced nurse practitioners, occupational therapists; make a GP appointment; arrange for the patient to get an appointment at a Same Day Emergency Care (SDEC) service at local hospitals avoiding the need to go to A&E.

14. How are routine ambulance transport services affected by this?

We have developed a High Dependency team who transport patients where a GP or other healthcare professional has asked us to take the patient to hospital. These are non-emergency staff who have undertaken additional training.

15. What is the impact of the Clinical Validation of cat 3 & 4 patients?

Please see the figures for September 2021

Summary	Total	%
Total Cat 3 and 4 incidents	21,423	-
Total calls triaged	16,226	75.7%
Outcome – ambulance response	4,986	30.7%
Outcome – alternative pathway / self care	11,240	69.3%

16. Can WMAS provide a breakdown of cat 1-4 cases for the Rugby borough area for the last 12 months?

See above tables in answer to Q6

17. What is the average number of cases examined by advanced paramedics per hour?

The figure will change on a day by day, hour by hour basis depending on how many staff are on duty. Not all Cat 3 and 4 patients are sent to the Clinical Validation Team as you can see for the figures above. The exact figure has been rising since the team went live as staff get used to the new role and more familiar with the alternative pathways that are available to use.

18. How many non-essential calls have you received in Rugby over the last 2 years and what are you doing to reduce these calls?

Different people will class different things as ‘non-essential’. Almost everyone who calls 999 believes that their call is justified. The lowest category of call we have is Category 4 – you will see the figures for this type of call above. You can see the official definitions for the different call categories here: <https://www.england.nhs.uk/urgent-emergency-care/improving-ambulance-services/arp/>

19. Have there been any untoward incidents recorded and reported by the ambulance service in relation to Rugby over the last two years?

No

20. How often does the triaging of patients by call handlers not lead to the right level of qualified personal attending patients and lead to more than one crew attending?

We operate with a paramedic on every ambulance, so we do not have this issue. There are a number of types of calls where we automatically send two crews e.g. cardiac arrests, imminent arrival of a baby etc

21. How do Rugby's figures compare to Coventry's for cat 1 calls and for cat 3 and 4?

Coventry will always have a better response as there are more calls and there is a major hospital in the town.

Category 1 Incidents - District Of Coventry

Date Period	Mean	90th Centile	Shortest Response Time	Longest Response Time
1/10/20 to 30/9/21	0:06:26	0:10:34	0:00:01	0:36:04

Category 2 Incidents - District Of Coventry

Date Period	Mean	90th Centile	Shortest Response Time	Longest Response Time
1/10/20 to 30/9/21	0:20:18	0:39:12	0:00:00	21:49:34

Category 3 Incidents - District Of Coventry

Date Period	Mean	90th Centile	Shortest Response Time	Longest Response Time
1/10/20 to 30/9/21	1:14:46	2:59:26	0:00:00	28:58:16

Category 4 Incidents - District Of Coventry

Date Period	Mean	90th Centile	Shortest Response Time	Longest Response Time
1/10/20 to 30/9/21	1:25:55	3:29:12	0:00:00	20:29:47

22. How many community nurses and nurse practitioners are available to WMAS in Rugby borough area and does this resource provide 24/7 cover?

We are able to pass calls to the Clinical Advice Service within 111 which has access to advanced nurse practitioners. We do not have such staff available to respond to 999 calls in person.

23. What other healthcare professionals are on call in the Rugby borough area?

You would need to speak to other healthcare providers

24. Will there be a significant change to the number of ambulances around the RBC area? We have a rural footprint and often wait times are significant as it is.

The same number of ambulances and staff will be available in the Rugby area as there were before; the difference is that we will be able to save around 3 hours of ambulance time every day by having the ambulance based in Coventry.

25. What is your vacancy rate for technicians and paramedics currently?

Zero. We have a waiting list for people wishing to join us. This is due to an extensive recruitment plan in place which tracks our requirements by month

26. Rugby is the fastest growing town in the country with 3 times more homes been built here each year than the national average. How do you take account of that in terms of service provision?

Until the pandemic we had a contract that meant the busier we were, the more money the Trust received from Commissioners. Since the pandemic we have a Block Contract. While this provides assurance of money for the organisation, it does not support an organisation where demand is increasing significantly. Had we been funded under the previous system, we would have been due an additional £9m to date. As a result, we have been negotiating with Commissioners to secure additional resources so that we can meet the needs of the public.

27. How many complaints have you received in the last 2 years from people in Rugby?

None

28. How many patients are treated in their homes in Rugby, and do you refer them to other services?

Looking at the dashboard today:

- 18.4% are hear and treat
- 35.1% are see and treat
- 41.7% are see and convey to A&E
- 4.8% are see and convey to other settings

29. Are delays in hospital discharges and getting people home leading to bed shortages that impact on A&E ability to process patients?

You would need to speak to the hospital for a definitive answer.

30. It is recognised that the huge demand on the NHS has resulted on crews being stuck at hospital and hence not in Rugby. What brought about the change away from the practice that was being developed 20 years ago by Warwickshire Ambulance Service where training paramedics to become Emergency Care practitioners with the goal of treating and managing patients in the community and not transporting them to hospital unless necessary? This plan was to help ease the demand on hospitals.

We were not able to continue with the ECP programme because commissioners were not prepared to pay for it. However, the Trust is the only one in the country with a paramedic on every vehicle which has helped us reduce the number of patients being taken to hospital. In addition, the Clinical Validation Team has allowed us to have the best non-conveyance rate in the country.

31. Could WMAS state how downtime will be avoided in Coventry? The crews still have to return for breaks and to finish and without an ambulance in Rugby they will be covering larger distances to do this?

Having an ambulance at each CAS led to the Trust losing around 3 hours in every 24 due at each site. This means by closing them, we will be able to respond to an estimated 5,000 to 6,000 additional patients each year. Basing the ambulance at the Hub will avoid that.

32. In the West Midlands which Hospital Trusts have the longest handover periods?

Currently, the hospitals with the longest hand over delays are at University Hospitals Birmingham, Shrewsbury & Telford Hospitals and Worcestershire Acute Hospitals