Notes of the Scrutiny and Overview Committee Health Provision Working Group 30th March 2016 2016

Present: Councillors: Liz Kitchen**,** Tim Lloyd, Tricia Youtan

Apologies: Councillors: David Skipp (Chairman)

Also present: Councillors: Toni Bradnum, Leonard Crosbie, Kate Rowbottom

1. TO APPROVE AS CORRECT THE RECORD OF THE MEETING HELD ON 25TH JANUARY 2016

The notes of the meeting held 25th January 2016 were approved as a correct record.

2. TO RECEIVE ANY DECLARATIONS OF INTEREST

There were no declarations of interest.

3. ANNOUNCEMENTS FROM THE CHAIRMAN OR CHIEF EXECUTIVE

In the absence of the Chairman, the Councillor Crosbie agreed to chair the meeting, as Chairman of the Scrutiny and Overview Committee. .

4. TO HEAR FROM SOUTH EAST COAST AMBULANCE SERVICE ON AMBULANCE RESPONSE TIMES IN THE DISTRICT

Ben Banfield, Account Manager for Sussex, Peter Radoux, Operating Manager for the North of Sussex and Rory Collinge, Contracts Manager, all from South East Coast Ambulance Service NHS Foundation Trust (SECAMB), attended the meeting of the Working Group to respond to concerns raised by the Members surrounding ambulance response times in the Horsham District, especially in the rural areas.

A PowerPoint presentation was given to Members which provided the Group with information about the 999 service in general and response times.

Members were concerned about Horsham's response time; only 53% of calls were responded to within the target of 8 minutes. However, the Group was informed that the average response time for Red 1 calls: immediately life threatening and Red 2 calls: very urgent – potentially life threatening was in fact 8 minutes and 17 seconds. The reasons for this

were the rurality of the District and also that it was the only despatch desk which didn't have its own Accident and Emergency for the area.

Ambulances were placed in areas that historically and statistically the emergency calls were expected to come from. In Horsham 50% of calls were from urban areas and 50% from the rural areas, compared to Brighton were the population was dense and mainly urban, 85% of calls were responded to within the target time. Therefore the main variance in response times was attributed to the location.

Members noted that it was rare to have ambulances located at their base between calls, normally they would be out on the road and SECAMB examined historical data to predict where the next call might come from and then would place the ambulance in that area. However, ambulances would normally go from one call to another, as a result of the high volume of calls.

The Group questioned where patients would be taken once collected by the ambulance. Members noted that the ambulance crew or critical care paramedic would make a decision on which hospital to take the patient to based on the nature of the injury. Accidents which were high priority or major trauma would be taken to a major trauma centre. The ambulance crew could notify the hospitals in advance that they would be arriving with a patient. There were many levels of communication between the ambulance crews and the hospitals to ensure that the patient was taken to the nearest and most suitable hospital best equipped to deal with the problem.

The Working Group also noted that there were also community first responders who were volunteers and could be despatched to the respond to the call whilst the patient was waiting for the ambulance if they had access to the defibrillator and a first aid kit. First responders were included in the response targets.

There was not considered to be any clinical impact or harm associated with slightly longer response times in terms of patient care, what was important was to get reasonable care in a good time. As long as the patient received the care in the crucial time, this was considered the main factor.

The targets often did not reflect the outcome of the treatment which was a far more important factor, for example getting to a patient in 7 minutes and 59 seconds was considered a success, even if the patient could not be saved, under the current targets, whereas getting to a patient in 10 minutes would be considered a failure, despite the fact that the patient was treated and had survived. Later in 2016 the targets would be

changing nationally to measure and monitor ambulance response times more accurately.

The Working Group questioned the impact of the closure of the ambulance station in Hurst Road on the ambulance service. Members were informed that ambulances would continue to respond from the Hurst Road site however, under the new proposals there would be less ambulance stations, instead there would be one central reporting hub located near Gatwick, from which all shifts would commence from, all vehicles would be fully prepared for the shift, i.e. cleaned, maintained and equipped, then sent to different deployment sites. Previously the paramedics would do this role at the beginning of their shift.

A community response post would remain at the Hurst Road site in Horsham so that SECAMB could still respond from that location, but the garage and full ambulance station would no longer be required. This would allow for the potential to have more community response posts in Horsham in the future.

The Working Group also questioned the impact of non-emergency transport for Sussex no longer being provided by SECAMB, it was suggested that once the changes had taken place the Working Group could invite the CCG leading the process, to come and talk to Members about the changes to the service.

The Members thanked SECAMB for the presentation and the presentation slides would be circulated to the Group.

The meeting finished at 4.33 p.m. having commenced at 3.00 p.m.

CHAIRMAN