NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

Submitted Questions by Members of the Public
for the Governing Body meeting on: 09.03.22

Name, Date and time	Submitted questions
Darren Childs 07.03.22 at 8.17am	**In January my 12 month old daughter had a seizure and stopped breathing it took over 40 minutes for an ambulance to arrive in Ludlow South Shropshire. Could the CCG please answer the following questions and also answer what they are doing to rectify and hold WMAS accountable thanks you:** **1) What happened to rapid response vehicles in Ludlow? Why were they gotten rid of, they don't transport patients so they can attend quickly to assess.**
CCG Summary Response	The CCG is very sorry to hear about the difficulties experienced by Mr Childs. Although it would not be appropriate to address specific patient cases in this response we have received the following response from West Midlands Ambulance Service (WMAS) WMAS along with other emergency ambulance providers phased out rapid response vehicles some years ago and replaced with emergency ambulances in line with the change in response to standards put in place by NHS England in 2017 known as the Ambulance Response Programme (ARP). ARP replaced a categorisation system that was largely concentrated on getting to calls very quickly, but not necessarily with the right resource. A good example of this would be a stroke patient; a rapid response vehicle would get there quickly but not be able to deliver the definitive care needed if the patient were to be FAST positive, what they actually needed was an ambulance to take them to a hyper-acute stroke unit for immediate care and in doing this it would have an improved lifelong outcome. Prior to 2017 the rapid response vehicle would arrive and prepare the patient for transporting, sometimes the car would wait for hours for an ambulance to arrive. The ambulance service was able to report that statutory targets had been met, however the qualitative outcomes weren't equally represented. A further resource that should be noted is the Community First Response (CFR's), a group of volunteers with a similar function/role to that of a retained fire fighter. Individuals that are trained and accredited to deal with immediate life threatening situations. This is a recognised model for an emergency 999 response not just for rural, but urban communities too. WMAS have recruited and trained such volunteers for nearly two decades, with on-going work to help support communities with immediate lifesaving interventions. This programme of work has never been viewed as a replacement for a physical location or ambulance response, as under the new standards CFR's do not stop an ambulance response or clock. The benefit with CFR's is that they only serve the community in which they live, unlike an emergency

	response. The CCG is working with WMAS via the regional commissioners of ambulance services and the Local Authorities via the Health and Wellbeing Boards to develop the CFR schemes across Shropshire.
Darren Childs 07.03.22 at 8.17am	**2) Response times for ambulances in Ludlow are getting slower and slower month on month people are now waiting 45 minutes minimum two hours for emergency blue light 999 help. What are you doing do improve this?**
CCG Summary Response	The CCG is working closely with the regional commissioners and WMAS to improve response times. In particular we have initiated a Single Point of Access for clinical referrers which provides alternatives to conveyances to A&E and has enabled ambulances to be released back into the community to respond to calls more quickly. Please see the latest response times for the Ludlow area (below). As Ambulance handover delays attribute to a large proportion of lost resource hours, there has been a work locally to support patients that dial 999 or 111 to the right care first time. Since late December the local NHS has introduced a virtual clinical hub that clerks and deals with lower category patients, signposting or responding to patients with an Urgent Community Response Model or a General Practitioner should the need arise. Since January the Clinical HUB Known as the Single Point of Access (SPA) has treated 1500 patients and as a direct consequence has reduced crowding in the Emergency Departments by reducing foot fall and ambulance conveyance. Work needs to continue, with an emphasis on dealing with 25% of all 999 activity. This action, particularly in conjunction with other local initiatives will help drive down ambulance handover delays, placing more resource back into the communities and enabling patients across all pathways to receive the right care first time.

1st Oct - 31st Dec 2021

	Category 1			Category 2			Category 3			Category 4	
	Mean (mm:ss)	90th centile (mm:ss)	Inc Count	Mean (mm:ss)	90th centile (mm:ss)	Inc Count	Mean (mm:ss)	90th centile (mm:ss)	Inc Count	90th centile (mm:ss)	Inc Count
SY8	20:28	34:44	69	80:27	157:35	363	191:34	402:11	108	319:28	6
SY7	22:52	39:06	34	83:12	170:51	211	257:16	574:43	58	586:05	3

January 2022

	Category 1			Category 2			Category 3			Category 4	
	Mean (mm:ss)	90th centile (mm:ss)	Inc Count	Mean (mm:ss)	90th centile (mm:ss)	Inc Count	Mean (mm:ss)	90th centile (mm:ss)	Inc Count	90th centile (mm:ss)	Inc Count
SY8	27:59	40:19	12	66:59	125:00	119	163:32	483:35	45	361:18	3
SY7	16:40	30:23	7	70:25	128:01	54	171:37	609:58	18	703:37	2

February 2022

	Category 1			Category 2			Category 3			Category 4	
	Mean (mm:ss)	90th centile (mm:ss)	Inc Count	Mean (mm:ss)	90th centile (mm:ss)	Inc Count	Mean (mm:ss)	90th centile (mm:ss)	Inc Count	90th centile (mm:ss)	Inc Count
SY8	19:54	34:17	14	58:35	121:17	104	220:03	676:20	32	58:35	1
SY7	18:42	40:15	9	76:59	160:53	50	287:39	557:17	18	-	-

Darren Childs 07.03.22 at 8.17am	**3) WMAS blame the hand over times at Shrewsbury and Telford hospitals as the reason for the delayed response times. What are the CCG doing to help rectify these delays?**
CCG Summary Response	Ambulance handover times are part of a cycle of activity which relies on good flow within the hospital and the ability to discharge patients home and into community settings. If any parts of the cycle are under pressure it has a knock on effect on other parts. We have seen rising

	levels of demand on all parts of the cycle which has been exacerbated by the high number of patients will Covid in hospital, Covid related staff absence and outbreaks in community settings like care homes and community hospitals. This has inevitably has an impact on the flow of people moving in and out of the Shrewsbury and Telford hospitals and the ability of ambulances to offload patients on arrival. The CCG has been supporting the implementation of a range of measures to mitigate these issues including: funding additional capacity in primary care, purchasing additional Domiciliary Care packages and community beds, securing additional staff and focusing the staff we have on areas of highest pressure, enhancing our 2 hour community response service and increasing direct access to specialties in the Acute Trust therefore avoiding A&E. This list is not exhaustive but gives a snapshot of the steps the CCG has been taking. We are beginning to see some performance improvements as a result of this work.
Darren Childs 07.03.22 at 8.17am	**4) As response times have increased significantly since closing Bridgnorth, Ludlow, Craven Arms, and Oswestry ambulance bases and removing rapid response vehicles. Can you request WMAS return them?**
CCG Summary Response	There is no evidence that the closure of the sites above has had an impact upon response times, seasonal demand pressures increase response times as activity increases combined with pressures at the receiving hospitals. The ambulances across Shropshire, Telford and Wrekin are fully utilised, therefore only return to base locations at the start and finish of their shifts.
Darren Childs 07.03.22 at 8.17am	**5) WMAS turned down the fire stations offers to have a hubs at the stations to reduce costs, giving a room to restock and driver to have a break (this was free and was in the Shropshire start). But WMAS turned this down. Can you suggest other avenues for WMAS to look into to return hubs?**
	Whilst the CCG works closely with WMAS in relation to service developments, the CCG is not in a positon to answer this question as it relates directly to decision making within WMAS. However, WMAS have provided us with the following response: In the ambulance service, once a crew leaves a hub the only time it will return is for their meal break or at the end of their shift. The rest of the time crews will either be with patients or waiting at hospital. Using Fire Stations would provide no positive impact, but only reduce the time that ambulances are available to respond. Crews already have the ability to get a drink and use toiletry facilities in any case.
Darren Childs 07.03.22 at 8.17am	**6) Why isn't WMAS using the area at Bridgnorth police station as it has an ambulance area and stock room?**
CCG Summary Response	The CCG is not in a positon to answer this question as it relates directly to decision making within WMAS. However, WMAS have provided us with the following response:

There is a common misconception that where an ambulance starts or finishes a shift will have a substantial impact on the area that it is based in. However, as soon as an ambulance is available it will be sent to the nearest case so that we can minimise the time a patient waits to be seen. Recently, we had a Dudley ambulance in Malvern and a Hereford vehicle that had gone to Birmingham Children's Hospital then getting a case in Birmingham itself as it was the nearest ambulance available.

If you look at the data from the first six months of the year, for the three CAS sites in Shropshire, you find the following:

Bridgnorth
Total cases: 27,156
Cases attended by Bridgnorth ambulance: 1,112
Percentage: 4.1%

Craven Arms
Total cases: 20,319
Cases attended by Craven Arms ambulance: 884
Percentage: 4.4%

Market Drayton
Total cases: 28,026
Cases attended by Market Drayton ambulance: 1,128
Percentage: 4.0%

Oswestry
Total cases: 20,722
Cases attended by Oswestry ambulance: 1,185
Percentage: 5.7%

When a crew comes on shift at one of the WMAS Hubs they will get into an ambulance that is fully fuelled, clean, stocked and ready for the full shift. In contrast, when crews start at a CAS site, they are in a vehicle that has already been used for half a shift. The crew coming on will have to check over what stock they have on board before they start responding, reducing the amount of time they are available. They

<table>
<tr><td></td><td>will then lose further time because twice a day the crew have to go to a Hub to exchange their vehicle for a newly stocked vehicle.</td></tr>
<tr><td>Darren Childs 07.03.22 at 8.17am</td><td>7) Why does WMAS have such a high turn-over of staff?</td></tr>
<tr><td>CCG Summary Response</td><td>The regional Commissioners (not the CCG) monitor ambulance performance including staff turnover as part of the contract. It would appear that WMAS does not have a high turnover of staff. Figures show that the number of staff leaving the organisation is down on previous years. The data shows that apart from July 2021, the number leaving for other organisations or retiring is less than last year and compared to other ambulance trusts and other NHS organisations is lower.

<table>
<tr><th></th><th colspan="4">Benchmarking - Turnover % FTE (by month)</th></tr>
<tr><th>Month</th><th>Trust</th><th>Region</th><th>Country</th><th>National</th></tr>
<tr><td>Apr-21</td><td>0.7%</td><td>0.9%</td><td>1.1%</td><td>1.1%</td></tr>
<tr><td>May-21</td><td>0.6%</td><td>1.1%</td><td>1.1%</td><td>1.2%</td></tr>
<tr><td>Jun-21</td><td>0.7%</td><td>0.9%</td><td>1.0%</td><td>1.0%</td></tr>
<tr><td>Jul-21</td><td>0.9%</td><td>0.9%</td><td>1.2%</td><td>1.2%</td></tr>
<tr><td>Aug-21</td><td>1.1%</td><td>2.3%</td><td>2.6%</td><td>2.5%</td></tr>
<tr><td>Sep-21</td><td>0.9%</td><td>1.1%</td><td>1.4%</td><td>1.4%</td></tr>
</table></td></tr>
<tr><td>Darren Childs 07.03.22 at 8.17am</td><td>8) WMAS are not meeting targets for Cat 1 and Cat 2 calls consistently in Ludlow. What are you doing about this and why are they not being held to account for failing to meet them?</td></tr>
<tr><td>CCG Summary Response</td><td>Please see the response given in the answer to Question 1, 2 & 3.

The CCG previously hosted at system level a series of meetings with providers to include West Midlands Ambulance Service our 999 and 111 provider. The purpose of these meetings was to provide scrutiny relating to the constitutional standards of care and oversight metrics/frameworks. The CCG in its development to become an Integrated Care Board by July 2022 will continue to apply the governance and assurance processes that will ensure all partners/providers and commissioners of these services will continue to provide oversight and opportunities for improvement.</td></tr>
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	In addition to monitoring metrics, the CCG's quality function monitors serious incidents that are reported from WMAS or other partners regarding ambulance care and affect Shropshire Telford and Wrekin residents. This is to ensure incidents are investigated to a high standard, and lessons are learnt to minimise the risk of the same incident happening again. It also ensures that families are communicated with appropriately and assurances can be sought (eg training data, patient feedback). Incidents reported may relate to patients whose care has not been delivered with in the national ambulance standards as well as other patient safety incidents. The STW CCG Quality Team are represented at an ambulance quality meeting monthly with other CCGs to who WMAS also provides a service to and meeting these national standards to ensure a quality service is key to these discussions. These are led by Black Country CCG who hold the contract on behalf of the region and to who concerns are directly escalated as required and both WMAS and the system partners contribute to solutions.
Darren Childs 07.03.22 at 8.17am	**9) Can you vote for no confidence in WMAS as they are failing the people of Ludlow?**
CCG Summary Response	The CCG is keen to promote a collaborative approach to addressing service developments and improvements as a health and care system and we will continue to work with WMAS.
Darren Childs 07.03.22 at 8.17am	**10) Will you publicly support our petition of over 4000 signatures along with Shropshire council who have already joined. We are asking for WMAS to return the ambulance hubs and rapid response vehicles to Ludlow?**
CCG Summary Response	Please see the response to question 9 above.
Alison Hiles 07.03.22 12 noon	**The ambulance service has undergone profound change in recent years.** **Currently, all shifts start and end at Shrewsbury or Donnington. Staff return to Shrewsbury or Donnington for rest breaks. A majority of ambulance call-outs result in conveyance to hospital, almost always Shrewsbury or Telford (with a minority of conveyances further afield). There will of course be a greater concentration of ambulance call-outs in the urban centres of Shrewsbury and Telford. There is a strong gravitational pull of ambulances to Telford and Shrewsbury throughout a working shift. Ambulances are therefore inevitably less likely to be within easy reach of smaller market towns and rural areas.** **1)What are mortality rates for Category One calls in rural areas of STW?**
CCG Summary	Around half of patients that WMAS attend go to the hospital. Over 45% are discharged at the scene or were given telephone triage only,

Response	this does mean that an Ambulance will come available in the community as well as Shrewsbury or Telford Hospitals. There are too many variables to understand mortality v Category 1 calls, what we do understand is that there are safety/quality measures that indicate a 'treatment' or 'intervention' within a given timeframe, generally 60 minutes from onset for Cardiac, Stroke and Trauma, given the topography this target is difficult to achieve as the more rural locations can be in excess of a 60 minute drive to a treatment centre. As a system, we monitor 'harm' via our Quality and Performance committee, a delay in response or arrival at a treatment centre has not been raised as a theme.
Alison Hiles 07.03.22 12 noon	**2) Do they differ from mortality rates in STW's urban areas? How about Category Two calls?**
CCG Summary Response	As for question 1 above
Alison Hiles 07.03.22 12 noon	**3) If the CCG does not monitor these outcomes, can you be confident you commission a service that is fit for purpose?**
CCG Summary Response	As a health and care system we continue to work with our service providers to increase productivity. For WMAS, enabling them to make further improvements in response standards. The CCG monitors WMAS against a range of performance indicators and as described in responses above we also support performance improvement by working with partners to implement schemes that will realise these improvements
Gill George 07.03.22 12.06pm	**Ambulance Provision to Rural Areas** **The paper on ambulance handover performance includes this paragraph:** **"There is an understanding of the underlying risk in the ability to meet the nationally recognised 999 constitutional response standards in many rural health systems. This has been well documented in the past by the CCG but the system must strive for the best performance possible despite the geographic challenge, for the resources available."**

	1) Can I clarify the meaning of this?
CCG Summary Response	WMAS have provided us with the following response: If you live in a rural area you will not get the same level of provision as if you live in an urban area as has always been the case. WMAS have offered the example that petrol often costs more in a rural area because there are not so many people buying it. Performance standards are aggregated across the region. The CCG would add that smaller areas such as Shropshire, Telford and Wrekin benefit from a collective approach to commissioning services such as these which would otherwise be unaffordable if commissioned in isolation
Gill George 07.03.22 12.06pm	**2) Is this an acknowledgement by the CCG that rural communities in Shropshire do not have an ambulance service that is consistent with national performance targets?**
CCG Summary Response	Please see the response to the question above All areas nationally are subject to the same performance targets
Gill George 07.03.22 12.06pm	**3) Is this also an acknowledgement that the CCG lacks the resources to provide our rural communities with a service that meets national response time targets?**
CCG Summary Response	The CCG continues to develop services and pathways that direct patients away from an ambulance response where it is not needed and an alternative more appropriate pathway for the patient can be sought. Early data from our newly established Single Point of Access service shows a significant number of patients treated through this service from WMAS can have their need met in another way. We will also continue to develop our communications campaigns seeking to change the way that the public use services to ensure that the capacity that we commission is utilised in the right way and can realise the maximum benefits for patients
Gill George 07.03.22 12.06pm	**4) Will the CCG ensure that this information is shared with Shropshire Council, local MPs, and NHS England?**

CCG Summary Response	Yes
Linda Senior 07.03.22 12 noon	**In 2013/14, WMAS provided services from 15 operational hubs and over 100 community ambulance stations scattered across the West Midlands. The information is from the WMAS Annual Report. By 2020/21, there were 15 operational hubs and only 13 community ambulance stations. Since then, another 4 community ambulance stations have been closed (Craven Arms, Market Drayton, Oswestry and Bridgnorth).** **WMAS has evidently had a policy of centralisation, presumably for reasons of efficiency. The WMAS model is in sharp contrast to that used by the Welsh Ambulance Service, which currently has 90 ambulance stations across Wales.** **Does the CCG believe that the WMAS highly centralised model meets the needs of rural Shropshire more effectively than the Welsh model of local services?**
CCG Summary Response	WMAS maintain that the service they provide is comparable to the service provided in Wales and have advised that the performance standards in Wales are very different to those in England. WMAS have advised that in their opinion the current system in Shropshire, Telford & Wrekin is preferable to the one in Wales
Linda Senior 07.03.22 12 noon	**Has the CCG 'rural proofed' the ambulance service it commissions?**
CCG Summary Response	Yes, within the constraints previously mentioned.
Linda Senior 07.03.22 12 noon	**Will the CCG share its data on ambulance performance – which surely must be monitored by the CCG – showing differential performance by postcode over the last three years?**
CCG Summary Response	Ambulance performance data is presented, in public, to each CCG Governing Body meeting as part of the quality and performance report This includes validated data regarding WMAS response times. WMAS have also recently shared postcode related data to the Council's Health Overview and Scrutiny Committee (HOSC).
