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| Report on | Response to Northern Ireland Ambulance Service Health and Social Care Trust's Consultation and EQIA on the Introduction of a Proposed New Clinical Response Model |
| Date of Meeting | 13 December 2018 |
| Reporting / Contact Officer | Mark Kelso, Director of Public Health and Infrastructure |

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| Is this report restricted for confidential business? If 'Yes', confirm below the exempt information category relied upon | Yes | |
| | No | X |

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| 1.0 | Purpose of Report |
| 1.1 | In September 2018, the Northern Ireland Ambulance Service (NIAS) commenced its Consultation on the Introduction of a new Clinical Response Model regarding the future delivery of ambulance services. The purpose of this Paper is to consider a draft Response to the Report. |
| 2.0 | Background |
| 2.1 | <p>The Consultation explains that the Introduction of a New Response Model has been necessitated by the following factors:</p> <ul style="list-style-type: none"> ▪ NIAS has experienced significant growth in demand for emergency 999 response calls. NIAS forecasts that over the next 5 years emergency demand is projected to increase by 3.1% per year. ▪ As part of the wider transformation agenda, NIAS propose to introduce a revised Clinical Response Model (CRM), similar to that introduced recently in the UK to provide a more clinically appropriate ambulance response than the current model, introduced in 1974, by better targeting the right resources (clinical skills and vehicle type) to the right patients. ▪ The current model puts disproportionate focus on reaching patients <i>quickly</i> rather than sending the most <i>appropriate resource</i> for the patient's needs |
| 3.0 | Main Report |
| 3.1 | <p>Mr Brian McNeill (Operations Director, NIAS) gave a presentation to Members on 14 November 2018 on the rationale for the new Model and outlined the proposed changes and their anticipated impact.</p> <p>The changes are designed to ensure that responses reach <i>'the sickest quickest'</i> and that resources are more appropriately targeted. This should provide an improved service to rural areas such as Mid Ulster, which has seen target response times not being met since 2012.</p> <p>However, the roll out of an enhanced service which delivers for rural areas will be dependent upon a number of factors including the commitment by the Department to making available the significant budget required for capital, fleet and staffing. A successful</p> |

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| | <p>outcome will also require an integrated approach to the planning and development of the new Model and related services; requiring the involvement of other key stakeholders from across the health and social care sector, as well as other government departments, responsible for related issues such as roads, broadband and telecoms.</p> <p>The draft Response from Council is attached as Appendix 1.</p> |
| 4.0 | Other Considerations |
| 4.1 | Financial, Human Resources & Risk Implications |
| | Financial: not applicable |
| | Human: not applicable |
| | Risk Management: not applicable |
| 4.2 | Screening & Impact Assessments |
| | Equality & Good Relations Implications: not applicable |
| | Rural Needs Implications: not applicable |
| 5.0 | Recommendation(s) |
| 5.1 | That the Council considers and approves the draft response to the NIAS Consultation on the EQIA and Introduction of the Proposed New Clinical Response Model. |
| 6.0 | Documents Attached & References |
| 6.1 | Appendix 1 – Draft response from Council to NIAS |