DRAFT

20 November 2018

Mr John Gow
Equality and PPI Officer
NIAS Headquarters
Site 31 Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8SG

Dear Mr Gow

Ref: Consultation and EQIA on Introduction of Proposed Clinical Response Model

Mid Ulster District Council would like to take this opportunity to put forward views, opinions and concerns in relation to the proposed Introduction of Proposed New Clinical Response Model for the NI Ambulance Service.

The specific views and concerns the Council has identified are set out in detail in the attached 'Response' document **Appendix A**, however, we would like to make the overarching comments below.

The Council is broadly supportive of the Proposal, its rationale and objectives. Over recent years, the Mid Ulster District has experienced some of the lowest performance in relation to ambulance response times, which have steadily increased since 2012 to a median of 12 minutes 15 seconds. Mid Ulster residents are also *doubly* penalised as the travel time to a hospital with major injury treatment capabilities is over eight minutes longer than the NI average.

This situation in Mid Ulster is totally unacceptable and can no longer be tolerated.

This new Response Model, if appropriately resourced and implemented, has the potential to help to address this issue and provide disadvantaged rural areas such as Mid Ulster with the safe and equitable service its residents have been deprived of for far too long.

The Council is firmly of the view that, in order for this Proposal to deliver the best possible outcomes, particularly for dispersed rural communities, an integrated approach must be adopted, both across the health and social care sector as well as other government departments, in taking this Model forward.

For example, the quality of the roads infrastructure, particularly in a rurally isolated area, has an undeniable impact on travel time. It stands to reason that improvements to our rural roads, broadband and telecoms infrastructure will undoubtedly contribute to improving response times; it is imperative that the relevant government departments are prevailed upon by the NIAST to outline what improvements they plan to make in these respective areas to enable NIAST to maximise this opportunity to deliver a high performing service to the entire population.

If not, it is likely that this situation will recur, where response times to *urban* Category 1 incidents are significantly faster than those in inaccessible *rural* locations.

Likewise, those health services and facilities which interface with the NIAS must be required to ensure their processes are aligned to integrate effectively with this Proposal and play their part in supporting its delivery. For example, the new Model has the potential to significantly reduce pressure at A&E Departments, enabling them to function more efficiently and also increase ambulance turnaround timeframes.

Furthermore, alleviating the pressure on A&E Departments will also require significant investment in other areas including Minor Injuries Units, outpatients and elective services to enable them to deal with an increase in demand. In Mid Ulster specifically, greater investment is urgently needed in these services in both Dungannon (South Tyrone site) and Magherafelt (Mid Ulster site), extending their opening hours and ensuring they are equipped to deal with higher demands, and are resourced to the same level as the recently refurbished Omagh MIU.

As ever, Mid Ulster District Council is fully committed to working with the NIAS and its health partners, as part of its Community Planning processes, to maximise successful outcomes for Mid Ulster's residents from this Proposal. Mid Ulster has experienced significant disinvestment in its health and social care infrastructure for far too long.

Increasing the capital, fleet and staffing capacity of the NIAS is critical to the Proposal; the Council believes a unique opportunity exists for the locating of a new Station at the Desertcreat site, near the new NI Fire and Rescue Learning and Development Centre.

Council is also of the view that the Mid Ulster area could be used to ‘pilot’ the roll out of the new Model and requests the NIAS considers this. Progressing these initiatives would indeed demonstrate a commitment to invest in and locate services in rural areas and the Council keen to work with the NIAS to explore the potential for these.

The performance data for response times clearly shows the situation is deteriorating year on year, most notably in predominantly rural areas such as Mid Ulster. The Council calls upon the Department of Health to make it a priority to ensure that the budget required by the NIAST to take forward this new Proposal is made available and ensure rural populations have the same safe and equitable access to this service as their urban counterparts.

To conclude, Mid Ulster District Council would like to convey its thanks and appreciation for the work and dedication of NIAS staff, who are committed to carrying out their role in often difficult and challenging circumstances.

Yours sincerely

Appendix A

Northern Ireland Ambulance Service Health and Social Care Trust

Consultation and EQIA on Introduction of Proposed Clinical Response Model – A Response from Mid Ulster District Council

The Council would like to highlight the following points as constituting its Response and requests the NIAS and Department take these into consideration when planning the development of the new Model.

It is the understanding of Council that the NIAS are proposing to introduce a revised Clinical Response Model (CRM) for the ambulance service, and this proposal has been developed within the following context:

- NIAS has experienced significant growth in demand for emergency 999 response calls and forecasts that over the next 5 years emergency demand is projected to increase regionally by 3.1% per year

- The new Model is intended to provide a more clinically appropriate ambulance response than the current model, by better targeting the right resources (clinical skills and vehicle type) to the right patients.

- At present NIAS aims to reach Category A emergency calls within a target of 8 minutes. The current model results in the rapid dispatch of multiple resources to a large number of patients whose clinical condition may not need that response. Currently NIAS categorises c.30% of patients as requiring an 8-minute response; evidence shows that fewer than 7% of patients require such a response.

- The current model focuses on reaching patients *quickly* rather than sending the most *appropriate resource* for the patient's needs or measuring the *quality of care* given by ambulance personnel. This can mean that when a 999 call is answered the nearest available resource, either a conveying A&E vehicle or single responding Paramedic in a car, is often dispatched regardless of the patient's actual clinical need.

- NIAS proposes to direct ambulance resources more accurately and appropriately to the smaller number of very acute emergency calls to ensure these are responded to more quickly and effectively, with a larger number of less acute calls waiting a bit longer for a more appropriate response.

- The proposed new model has 4 key elements:
  1. Identifying the sickest quickest
  2. Getting to the sickest quickest
  3. Sending the right resource, first time
  4. Providing the best patient care

Rationale for New Model

The Council fully agrees that, in the context of ever rising demand the current NIAS model is *not sustainable,* the last time target was met was 2012; since then demand has increased by 15% and performance has dropped by 21.7%.

In Mid Ulster the NIAS has not been in a position to provide an equitable and safe service to Mid Ulster residents for a number of years and in this context the Council believes such a review has been long overdue and supports the rationale for change.

Key Mid Ulster Data

Below are some statistics which must be taken into consideration in the process of planning of future service provision and in any Equality Impact Assessment:

- Mid Ulster District Council area represents a population of more than 145,000 people across 1,714km^2 i.e. 14% of the regional landmass. Mid Ulster's population *grew* by 18.7% between 2001 and 2013 against the regional average of 8.3%, making Mid Ulster the **fastest growing** of the new 11 council areas, this trend is projected to continue with population climbing to **165,000** by 2030).

- **Two thirds** (almost 100,000) of Mid Ulster's 145,000 are **rural**; a **significant issue**

- By 2037 **83%** will be aged **65+** (against an NI average of **68%**)

- Mid Ulster residents (and most especially Cookstown) are penalised doubly; it has poorest access to acute care provision, combined with worst ambulance response times – consistently higher than the NI average: 9.41 minutes against NI average of 6.48 minutes).

- Mid Ulster *travel time to a hospital* with major injury treatment capabilities is over eight minutes longer than the NI average.

- **Delivery of the New Response Model**

  The proposed new Response Model will only deliver the requisite results and achieve maximum impact if it is adequately resourced and implemented. Its development should be taken forward as part of a wider strategic framework using a *joined up and fully integrated* approach to service planning and delivery, not just across the health sector but also from the Departments of Infrastructure and the Economy.

  For instance, the quality of the roads infrastructure, particularly in a rurally isolated area, has an undeniable impact on travel time. Improvements to our rural roads, broadband and telecoms infrastructure contribute to improving response times; it is imperative that the relevant government departments are involved in developing this new Model from the outset, and identify what improvements they plan to make to enable NIAST to maximise this opportunity to deliver a high performing service to the entire population.

  This will be fundamental to ensuring that those services and facilities which interface with the NIAS are suitably resourced and updated to do so effectively.

  Furthermore, this Model has the potential to bring about improvements in alleviating pressures in other parts of the system, including significantly reducing pressure at A&E Departments, enabling them to function more efficiently and also in increasing ambulance turnaround timeframes.

  However, the provision at Minor Injuries Units (MIUs), outpatients and elective services etc must therefore be enhanced to enable them to deal more efficiently with a greater demand. For example, in Mid Ulster, investment is urgently needed in both Dungannon (South Tyrone site) and Magherafelt (Mid Ulster site) MIUs, extending their opening hours and better equipping them to deal with high numbers, resourced to the same level as the recently refurbished Omagh MIU to provide services to additional patients who do not require emergency treatment.

  While the Council agrees that the community have a part to play in supporting initiatives such as community resuscitation, community first responders and the defibrillator strategy, these initiatives must not, in any way, be seen as offering alternatives to, or replacements for providing rural communities with the full level of services to which they are entitled.

- **Capital, fleet and staffing proposed**

The NIAS estate in Mid Ulster is currently in poor condition; significant funding will be required to refurbish buildings, and increase fleet and staffing to support the delivery of the new Model. The Council welcomes that *rural/urban impacts will be taken into account in designing the new NIAS Estates Strategy,* and in relation to Ambulance Stations, the Council understands that a 'hub and spoke' model is being considered; again given the predominantly rural demography of this area, local deployment points must not only retained but also upgraded and enhanced

In addition, the Council also calls on the NIAS to now give serious consideration to developing a 'Hub' at Desertcreat, adjacent to the NI Fire and Rescue Learning and Development Centre – this offers a unique central location for the service which would have scope for a large scale development. This could provide for a full time facility with a comprehensive range of services including fleet management, repair and re-stocking services, thereby freeing up paramedics to focus on their critical work.

The Council also strongly welcomes the proposal to increase staffing by one third to reach 333; the Model will only work effectively if significant investment is made in resources and capacity. The service has been under-resourced for too long and the resultant detrimental impact on its performance, especially in rural areas, is all too apparent.

A major concern in the longer term, however, is the potential projected 'gap' in the availability of qualified staff when the current paramedic qualification will no longer be accepted in 2020+ and a new one then introduced, which trainees will graduate with in 2023.

Identifying solutions for bridging this 'gap' must be addressed as a matter of priority to ensure contingency measures are put in place in the early stages to avoid a detrimental impact on service delivery.

This new Model places an even greater requirement on the ability of the call taker to make a critical decision in the very early stages of the call to triage the Category 1s from the other three. It is imperative that staff in this position are provided with the quality of training and support to identify calls meriting a Category 1 response; an error for a patient located in an urban area may be quickly redressed by deploying resources from nearby; this option is rarely available in a rurally isolated location.

As the Proposal notes, it will also be essential to ensure the right resources are deployed to the lower categories 2, 3 and 4 calls, to avoid unnecessary attendances at A&E or increased pressure on Out Of Hours services.

- **Rural Proofing**
  The Council also requests that a Rural Proofing and Rural Needs Assessments must be conducted, in accordance with the Statutory Framework, to inform the planning process for the Model, ensuring that it is designed to deliver an equitable service to both urban and rural populations.

- **Budget**
  The Council understands that once this Consultation is completed and the findings sent to the Department, the Business Case will then be undertaken. Given the current and increasing demand-capacity gap highlighted by the NIAS in their Proposal, and the worsening situation in relation to performance targets, it is imperative that the request for funding this new Model is expedited as a matter of priority.

- **Monitoring and reporting of new standards**

  The Consultation notes, *The new Clinical Response Model is intended to substantially increase the proportion of such emergency calls being answered quicker. While precise modelling will only be able to take place in practice, and while guarantees cannot be given in relation to every single incident, there is likely to be a substantial improvement in appropriate and effective ambulance response in rural areas. (p81)*

  Key to measuring the new Model's effectiveness will be the achievement of performance within the set targets. The key change proposed of an 8 minute response to Immediately Life Threatening Calls, *regionally* is acceptable, if achieved. While the Council welcomes this as *regional* target, once operational we will require to see performance broken down across each of the Local Government Districts to review the difference in the achievement of targets in rural areas.

  The introduction of new target of a 15 minute response time for 9/10 calls will also be critical for rural areas, if delivered will be significantly better than the

current performance. However, as above this must be kept under review and will require close monitoring to ensure the current urban-rural disparities do not recur.

- **Conclusion**

  The Council supports the development of the proposed new Clinical Response Model; if appropriately resourced and implemented, it should deliver a significantly improved service for Mid Ulster's residents. Ambulance response times in the Mid Ulster area have reached an unacceptable level and will deteriorate further if new solutions are not found. This new Model must now be progressed with the utmost urgency by the Department.

  The successful implementation of this Model demands an integrated approach from across government; the NIAS cannot take this forward on its own; critical to the effectiveness of this new Model will be the contribution other key stakeholders across the health sector and also the Department for Infrastructure and for the Economy bring to the table to support the NIAS.

  As evidenced by its community consultations, Health Infrastructure is the key priority in Mid Ulster District Council's Community Plan; the Council has made clear its commitment to working with its health partners, including the NIAS, to ensure that in future the residents of Mid Ulster are provided with the same health opportunities and service provision as tends to be the case with other more urban populations.

  The Council takes this opportunity to extend an invitation to the NIAS and other health partners to work with them as part of the Community Planning process to identify and take forward the most appropriate solutions for the delivery of the NIAS service across Mid Ulster, ensuring its citizens have access to an equitable level of service which has not been the case to date.

  Mid Ulster District Council would like to convey its thanks and appreciation for the work and dedication of NIAS staff, who are committed to carrying out their role in often difficult and challenging circumstances.