Introduction of a Proposed Clinical Response Model
Draft Consultation Response from Fermanagh and Omagh District Council
[Northern Ireland Ambulance Service]

Brief Background to the Fermanagh and Omagh District Council Area

The District Council area is home to 114,992 people, approximately 52,500 jobs and 7,175 businesses. The District Council area is Northern Ireland's largest region in terms of land mass - approximately 3,000km² (or 20% of NI) - and is the smallest in terms of population. As a result, the population density of approximately 41 people per km² is the sparsest in Northern Ireland. This is a key feature of the district but presents challenges in terms of accessibility and service delivery.

Consultation Response

Fermanagh and Omagh District Council (Council) welcomes the opportunity to respond to the Northern Ireland Ambulance Service (NIAS) on the introduction of a Proposed Clinical Response Model.

NIAS provides a vital service to all Northern Ireland and therefore it is important that services are continually improved to ensure effectiveness and efficiency.

The Council understands that NIAS has had significant pressure placed upon it to make savings, along with the ever-increasing demand on services. In recent years, the prolonged winter periods, extreme weather and delayed turnaround times (due to busy emergency departments) have all resulted in the continued fall in response times. For example, in the 2017-2018 period only 45% of Category A 999 calls (life threatening) were responded to within eight minutes. The target for this is 72.5%. Failing to meet this target is very concerning, particularly for rural residents who typically live further away from Ambulance centres. With the worsening conditions of the roads network/infrastructure and increased financial pressures on NIAS, response times are only likely to get longer if changes are not introduced.

Indeed, NIAS last met the 'eight minute target' in the 2011-2012 reporting period. Since then, response times have continued to fall annually. The Council supports the introduction of a new NIAS response model to offset the failure to meet the 'eight minute target', if it will clearly improve services – ensuring that each patients receives the appropriate treatment and vehicle transport within the appropriate timeframes for their needs. Any new model must ensure that patient safety is key.

Current Response Model

The Council agrees that there is a need for changes to the current response model – the fact that the current response model was introduced in 1974 and has remained unchanged would indicate a need for change to ensure it is capable of meeting current-day challenges.

Council also stresses that NIAS service-delivery within rural areas of Northern Ireland (as in much of the Fermanagh and Omagh District) must consider and mitigate against the various challenges faced by rural communities.

A more appropriate response model should be introduced in Northern Ireland – one which fully takes into account:

- Rural and urban residents – noting key challenges for each area.
- Community First Responders and their roles.
- The ageing population and future population projections (likely to lead to an increase in the demand for NIAS services).

Rurality of the District

Key issues, relating to the rurality of the Fermanagh and Omagh District, which should be considered include:

- Road infrastructure (0km of motorways, 0.6km of dual carriageways and 320km of 'A' roads).
- Number of individuals who live alone – particularly those aged 65 years and over (approximately 4,676 individuals at present, which is only likely to increase).
- Lack of connectivity within some areas of the District – this includes broadband and mobile phone connectivity which for some is non-existent.

Everyone has a right to receive universal healthcare, including emergency healthcare. To deal with an emergency, all human and technological resources should be utilised to provide rapid and high-quality assistance.

The Council acknowledges that the nature of the District provides challenges for NIAS (in terms of rurality, road network, roads infrastructure); however, people living in remote/rural areas have no less rights in terms of 'high-quality emergency care' than those living in urban/city areas.

An effective service will also result in a much wider benefit for the community, including feeling 'safer' and more sustainable.

Currently, the Council notes a difference in targets for Local Commissioning Group areas and Northern Ireland as a whole, in relation to Category A 'life threatening' calls. The Northern Ireland target is 72.5%, whilst the same target for the Western LCG area is 67.5%. This indicates a substantial difference for rural areas and should be addressed as part of any future NIAS response model. It is unacceptable for residents in the Western Areas of Northern Ireland to receive a lesser service or response time.

A 'Clinical Response Model' has been in operation in England, Wales and Scotland for several years. NIAS should utilise the lessons learnt in these areas to assist in the creation of an appropriate and effective response model for all of Northern Ireland.

Introduction of a Clinical Response Model

The are many potential benefits of a Clinical Response Model for ambulance services, however it is essential that any new Model is thoroughly tested before being rolled out. It would be beneficial for any new model to be introduced on a pilot basis and reviewed after 12 months as was the implementation model for the Clinical Response Model in Wales. This would allow officials to review the new model, as well as offer an opportunity to address any unforeseen challenges or inefficiencies.

The benefits of a Clinical Response Model should ensure NIAS staff respond to emergency calls in a more effective manner - particularly useful for rural areas.

However, NIAS should ensure that when introducing the Clinical Response Model the wider range of efficiency led reforms are also complemented and reviewed on an on-going basis. The response model should complement:

- A review of systems processes and structures within Emergency Ambulance Control.
- The ongoing implementation of appropriate care pathways - where patients are assisted to get more appropriate health services in non-emergency circumstances.
- The community resuscitation and defibrillator strategy.
- Partnership working with local HSCTs (as outlined later within this response document).

Service Delivery

The role of ambulance services has changed, and is continually evolving, since 1974. Now, as well as transporting patients to hospital, ambulance personnel are also expected to provide high quality care at the scene.

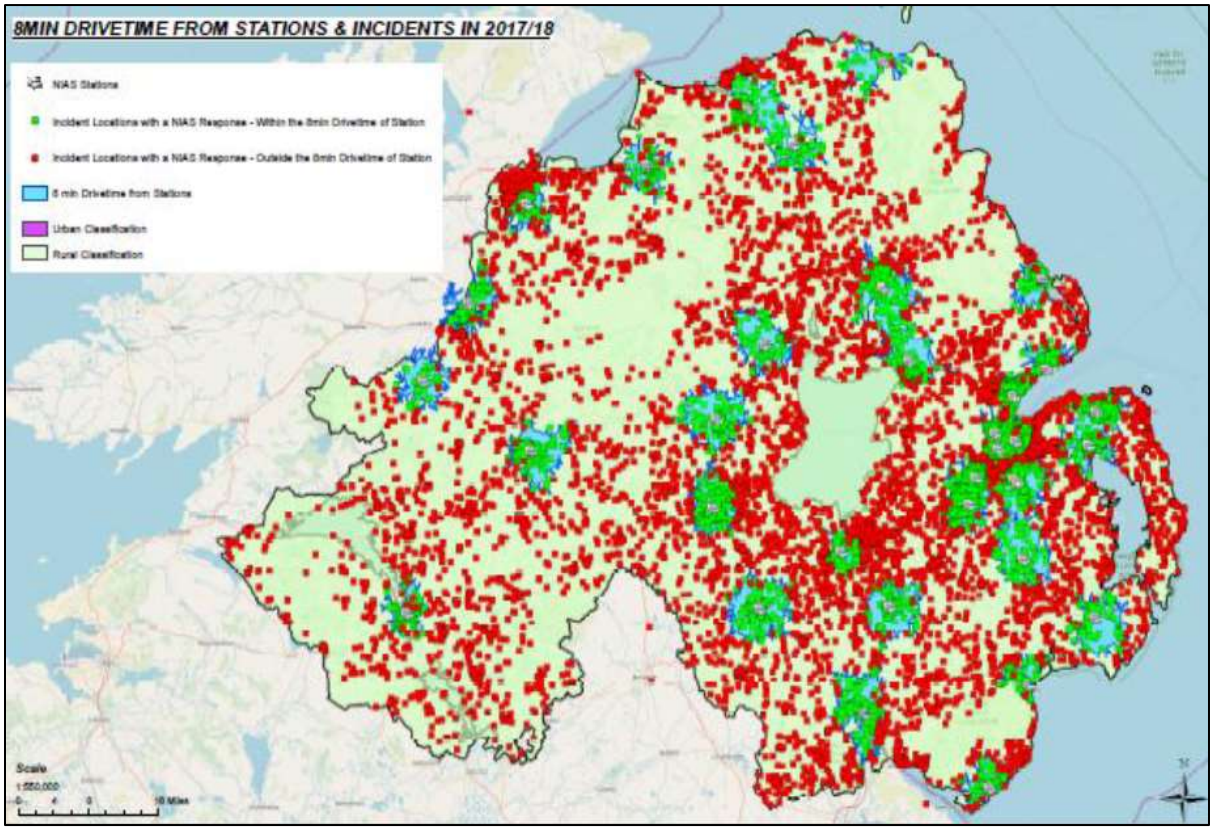
Statistics demonstrate that the majority of ‘999’ calls are not life threatening, and even some of those classed as Category A (life threatening) are wrongly classified. Therefore, there are opportunities to improve service delivery – ensuring that individuals get the assistance they require without taking up unnecessary resources that could be more effectively used elsewhere.

The introduction of the new Response Model should take into account the changing nature of the work – driven by increasing demand and changes/developments in technology. The new response model will also allow NIAS staff to treat patients individually, based on their needs/requirements, rather than simply attempting to get an appliance to the individual as soon as possible.

Any new Model should allow NIAS to obtain a more strategic overview of each incident – allowing appropriate services to be assigned as well as ensuring that staff attending the scene are fully briefed on what to expect upon arrival.

Impacts on Rural Residents

The Council remains concerned that the impacts on rural residents are not sufficiently considered as part of the new Clinical Response Model. Within the Consultation Documents, NIAS included the following image – showing various incidents where ambulance appliances where dispatched (in the 2017/2018 reporting period). The green areas indicate instances where appliances reached the incident within 8 minutes, whilst red areas indicate instances when this target was not met.



Within the District, as across Northern Ireland, there are substantial areas of 'red highlighted areas'. This is concerning due to the fact that the consultation document refers to NIAS staff spending more time 'understanding a person's circumstance' before sending an appropriate appliance.

If patients in rural areas have to wait longer, this will result in further potentially serious delays for patients receiving the necessary treatment.

Attached to this response document (in Appendix 1), is the estimated 'drive time' for services to reach hospitals, from various parts of the District. Appendix One helps to demonstrate the challenges which are prevalent within the District – not only in terms of roads infrastructure but in terms of geography, location of nearest A&E Department and Hospital.

The Council encourages NIAS to secure additional resources for rural areas (such as the Fermanagh and Omagh District) where many challenges exist. Even though

the number of life threatening (Category 1) emergency calls will decrease through reclassification with the new model – the already lengthened travel times for rural areas could have severe consequences for emergency medical conditions such as cardiac arrests, strokes, or road traffic collisions.

The consultation document estimates that a 33 second reduction in response time to a cardiac arrest could potentially increase the chances of survival by 13%. Therefore, earlier activation and response for emergency situations is vital - there can be no inefficiencies when dealing with an individual's life and survival chances.

Staff and Training

The Council urges NIAS to take a practical approach when implementing the new Clinical Response Model. The employees (paramedics, call handlers, office staff, etc) are the organisation's most important assets.

Training on new systems/processes are vital to the successful introduction of any new model. As well as training on the new categories, and the pre-triage questions to ask to ensure each patient is placed within the correct category, the Council would urge NIAS to focus some resources on basic Logistics Training as well as on the geography of Northern Ireland.

This would help to ensure that services from the 'best placed' ambulance station would be utilised to respond to calls. This would take into account that it may not always be the closest ambulance station that may best service an area - due to road networks or other interferences.

The Council welcomes the commitment from NIAS for significant investment and development of frontline staff, as well as the increase in fleet and the development of a new estates strategy. However, it is vital for the safety of rural communities (such as in many areas of the Fermanagh and Omagh District) that this investment is applied to rural areas/communities as well. Rural areas, as stated elsewhere in this response, face unique challenges for health care and transport, therefore NIAS should ensure that rural communities are not neglected in the provision of emergency response/transport through a lack of resources.

Ultimately, the aim of NIAS revolves around patient safety and delivering the best and most appropriate level of care. To achieve this the organisation must ensure the best and most effective use of its resources and clinical skills, as well as developing these in areas that require them.

Importance to aim for timely and appropriate response

Whilst the Council agrees that the current 'response time' model (developed in 1974) does require modernising, it is essential that speed of response is not disregarded entirely.

In emergency situations (e.g. cardiac arrest, road traffic collisions, patients not breathing, or strokes), response times are critical. As stated within the NIAS Consultation Documents, when responding to a cardiac arrest seconds can have a

significant impact on the chances of survival. The ‘Golden Hour’ when treating patients with strokes is another term that is often used. When taking into account the ambulance journeys in Appendix 1, and if we double these to allow the ambulance personnel to arrive at the scene, then very few patients could be getting to hospital within the required timeframe.

This should also be addressed as a matter of urgency when introducing any new Response Model.

NIAS and HSCT Partnership Working

The Council would also urge NIAS to undertake some partnership working with the local Health and Social Care Trusts. Local communities have genuine concerns for local hospitals (South West Acute Hospital and Omagh Hospital and Primary Care Complex) and the services offered in them.

It would be mutually beneficial for the NIAS and (in this instance) WHSCT to ensure that Ambulance Services are transporting patients (particularly those in emergency situations) to the closest hospital. This would ensure that Ambulance services are not transporting patients on longer unnecessary journeys, as well as freeing up ambulance services/personnel more quickly.

It is important that the NIAS in their ‘early recognition’ of life threatening conditions is supported by local HSCTs offering the appropriate treatment, in the closest available hospitals. Recognition, treatment and hospital care should always work in a complementary way.

Conclusion

Fermanagh and Omagh District Council welcomes the opportunity to respond to the Northern Ireland Ambulance Service in relation to the proposed introduction of a new Clinical Response Model.

Whilst the Council appreciates the need for a new model of response, taking into account the complexities of modern day society, it is vital that rural communities (such as those within the Fermanagh and Omagh District) are not forgotten about.

It is also important to remember that Ambulance Services (and any new model of response) should be complemented by existing hospital services. There are major concerns locally that services are being removed from hospitals and as such ambulances could have longer journeys to make to transport patients to hospitals. NIAS must liaise with local HSCTs to ensure transportation of patients in the most effective way..

Appendix One

Travel Time (to Hospital from various areas of the District)

Example Origin	Average travel time to **Omagh Hospital and Primary Care Complex**	Average travel time to **South West Acute Hospital (Enniskillen)**
Belleek	**54 minutes** (37.6 miles)	**39 minutes** (25.7 miles)
Carrickmore	**19 minutes** (10.5 miles)	**56 minutes** (35.1 miles)
Dromore	**19 minutes** (10.4 miles)	**24 minutes** (16.2 miles)
Enniskillen Town Centre	**43 minutes** (27.5 miles)	**5 minutes** (2 miles)
Fintona	**15 minutes** (8.6 miles)	**31 minutes** (20.1 miles)
Garrison	**1 hour 1 minute** (41.6 miles)	**39 minutes** (26 miles)
Gortin	**20 minutes** (10.7 miles)	**56 minutes** (34.8 miles)
Lisnaskea	**46 minutes** (28.8 miles)	**23 minutes** (13.5 miles)
Omagh Town Centre	**6 minutes** (1.6 miles)	**37 minutes** (24.9 miles)
Rosslea	**55 minutes** (30.7 miles)	**43 minutes** (26.5 miles)
Sixmilecross	**16 minutes** (8.5 miles)	**47 mins** (30 miles)
Teemore	**1 hour** (37.5 miles)	**29 minutes** (17.5 miles)

*Please note, this does not include response time for the ambulance appliance to reach the destination.