Ambulance response times – ten years on.

Over the years there has been a decline in the timely provision of emergency ambulance services in the Cotswolds, especially in the north of the District. I have always maintained that the ambulance service’s frontline workers are dedicated professionals and respond to emergencies to the best of their abilities. However, I have expressed grave reservations about their senior management over the years.

Ambulance response is a very emotive subject, and hardly a day seems to go by without a resident raising this issue with me. In the circumstances, I thought it would be useful to let you know what the Council has been doing to lobby for improvements in ambulance response times. Please note that I have focused this summary on ‘Red 1’ category responses which relate to the most serious life-threatening incidents (e.g. cardiac arrest, respiratory arrest, choking) and ‘Red 2’ category responses (e.g. heart attack, severe breathing problems, serious bleeding) but I am, nevertheless, concerned about deficiencies in lesser priority response times.

The Council first highlighted poor ambulance response times during the summer of 2007. An ambulance – which was provided by the Great Western Ambulance Service (GWAS) - was seriously delayed while trying to reach a 23 year old student who was badly injured by a car near Cirencester and later died in hospital. That ambulance, which was based at Staverton, took 45 minutes to reach the incident.

In the aftermath of this tragic event, at the next Cabinet meeting I called on the GWAS chief executive to reassure Cotswold residents that a delay of this magnitude would not be allowed to happen again. I also commissioned a review of the ambulance service by our Overview and Scrutiny Committee and they joined forces with Stroud and Forest of Dean District Councils to compile a joint report on the deficiencies of the service which went before the County Health Overview & Scrutiny Committee and was then relayed to the ambulance service. From a Cotswold perspective, the report showed that the average performance in the District was frequently the worst of the 15 Districts served by GWAS, with only just over 50% of the most serious emergency calls (Red 1 and Red 2) successfully responded to within eight minutes against a target of 75%.

Concerns were heightened further in 2008 when a government report showed that emergency patients in Gloucestershire had to wait longer for an ambulance than people in any other part of the country. Additionally, growing numbers of ambulances were queuing at hospitals. Figures for 2009/10 showed that in Gloucestershire an average of 108 ambulances per week queued for 30 minutes or more.

When challenged by local and county councillors, the head of GWAS asserted that the service was making progress through upgrades to technology, recruitment of more staff and investment in more vehicles staffed by almost 60 emergency care practitioners.
Furthermore, the ambulance service pledged to cut bureaucracy and turn round performance by introducing more frontline staff and cutting back on management positions. Like many at that time, I was encouraged by the response but pointed out that we would expect actions and not just words.

Unfortunately, over the next few years the trends continued to be disappointing, probably not helped by the transition from the service provider GWAS (serving Gloucestershire, South Gloucestershire, Bristol and Wiltshire) to the much larger South West Ambulance NHS Foundation Trust (SWAST).

In fact, a performance report for SWAST during 2013 showed that the service only achieved the eight-minute response time for emergency call-outs in the county for about 72% per cent of the most urgent cases. The figures for the Cotswolds were much worse, and figures for May – September 2013 showed that under 50% of the highest priority emergency calls were actioned within eight minutes. Again, when challenged the service chiefs pledged that there would be an upturn in performance, while citing various mitigating factors such as rising demand, 'challenging' rural environments, an increasing elderly population, and handover delays. Nevertheless, we were assured that improvements were underway, including the recruitment of Community First Responders, the roll-out of public access defibrillators, and several schemes to make staff more available at peak times.

Regardless, Cotswold District Council was so concerned by the poor performance in the Cotswolds that we passed a motion in early 2014 instructing our Chief Executive to contact his counterpart at SWAST to investigate improvements, including the stationing of extra vehicles in the District. At the national level, the local MP raised concerns with the Minister for Health.

During the same year, following a campaign by us and Gloucestershire County Council, an additional £700,000 was allocated to SWAST resources in Gloucestershire to improve performance. This resulted in the provision of two new 24 hour ambulances which were assigned to Stroud and Staverton despite our concerns that this would have little impact on response times across this District, especially in the north. Staverton was also allocated another 12-hour Rapid Response Vehicle and the service acquired an additional 120 defibrillators for use across the county. In response, I campaigned for three more ambulances to be assigned to locations in the Cotswolds and subsequently I, together with Geoffrey Clifton-Brown MP, met the chairman and chief executive of SWAST to outline our aims.

We lobbied hard at the meeting for an ambulance to be based at Moreton-in-Marsh so that the service could tackle the severe problems of accessing rural communities in the north. Despite initially indicating that they would agree to our request, SWAST instead decided to carry out a three month trial which saw an extra ambulance operating out of Cirencester later in 2014; this trial ended after three months because response times had not improved.

During 1 April to 30 September 2015, figures showed that eight minute response times for Red 1 and Red 2 cases in the Cotswolds were only about 46% and 50% respectively compared with ratings of 65% and 63% for the county as a whole. SWAST carried out several measures to improve efficiency, including a pilot scheme to allow telephone operators twice as much 'triage' time (up to three minutes) before they determined whether it was necessary to send out a crew on an emergency response. Nevertheless,
response times continued to fall below the required standard and, during September 2015, the eight minute response target was only achieved about 38% of the time in the Cotswolds with the figure dropping to 25% for the north of the District. In the wake of these dire figures, the Council voted cross-party and unanimously to back County Council calls for a local Gloucestershire-based ambulance service to replace the regional arrangements provided by SWAST.

During 2016 SWAST has carried out more improvement measures including the use of part-time fire fighters, based in Moreton-in-Marsh, who are trained to provide patients with effective treatment and support should they arrive at a scene ahead of paramedics – these are known as co-responders. There are also plans to create fire service ‘Solo Direct Blue Light Responders’ in, Stow-on-the Wold, Northleach and Fairford.

SWAST has also deployed 258 Defibrillators across the Gloucestershire area, which is more than any other County that they serve. Additionally, there are now almost 200 public access defibrillators available in the county. The aim is to have defibrillators available within a 200 metre radius (previously 400 metres).

Additionally, SWAST’s ambulance response programme will be allowing more time to triage those patients not suffering from immediately life-threatening emergencies while ensuring they get the right care through the use of a new set of questions designed to better identify their problems. The overall aim will be to focus much needed emergency service provision on critical need. SWAST has pointed out that about 53% of all patients they now attend are not conveyed to hospital but treated at the scene of the incident – this is the best ‘non-conveyance rate’ nationally, and reflects an improvement in the ability of ambulance staff to resolve some issues quickly and effectively.

Of particular relevance to the north Cotswolds, there is ongoing dialogue between SWAST and neighbouring services, such as the West Midlands Ambulance Service, to improve cooperation. In this way, the primary ambulance service will facilitate a cross border ambulance to attend if it will offer the patient a quicker response.

Looking ahead, SWAST is carrying out a review of ambulance crew rotas which will deliver investment in additional staff within Gloucestershire, enabling the service to convert single crewed cars to double-crewed ambulances – especially at Moreton-in-Marsh, Dursley and Stroud. It is anticipated that these changes will take effect early in 2017. This means that there will be two ambulances based at Moreton soon.

Figures from SWAST show that performance within the Cotswolds is improving slightly. During the period 19 April to 31 July 2016, the eight minute response rate to Red 1 and Red 2 was almost 47.5% but the response to lesser priority calls (known as 19T) declined to 58.5% compared with a rate of 73% in 2015. Additionally figures for the period 25 October to 25 November 2016 showed that 62% of Category 1 received a response within eight minutes, while 75% were responded to within ten minutes.

This is still obviously not good enough – but at least it is an improvement on the 46% response rate for 2013. However, there is still some way to go and the following data (derived from a recent Freedom of Information request to SWAST) indicates that even some minimum response times for highest priority (Category 1) calls in the Cotswolds - during the period encompassing 2014/15 and 2015/16 – exceeded 8 minutes.
POSTCODE | Min response (mins) | Max response (mins)
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GL7 (Cirencester, Fairford, Lechlade, South Cerney areas) | 6.37 | 17.20
GL8 (Tetbury area) | 5.35 | 18.48
GL54 (Andoversford/ Bourton/ Northleach area) | 9.55 | 20.08
GL55 (Chipping Campden area) | 8.50 | 27.08
GL56 (Moreton/Stow area) | 5.38 | 14.07

On the positive side, according to SWAST figures for November 2015, the number of ambulances in Gloucestershire which failed to hand over patients to hospitals within 30 minutes of arrival was nine vehicles only. More recently, we welcomed the news in the Chancellor’s Autumn Statement that the Great Western Air Ambulance Charity (GWAAC) will receive £1 million in funding from the government to part finance a new aircraft. GWAAC, which is based in Bristol, covers the whole of the South West (including GL postcodes) and provides critical emergency care for around two million people. In 2015 alone, GWAAC responded to 1,655 missions and a modern aircraft could see an annual saving of £500,000 which can then be reinvested to further improve the service. It is also worth mentioning that one of the Midlands Air Ambulance crews, based in Strensham in Worcestershire, also does a fine job covering the far north of Cotswold District, and their records show that incidents in this area account for 10% of the charity’s overall missions.

Recently, SWAST’s Chief Executive and Director of Operations have been meeting with Gloucestershire’s Chief Fire Officer, and the Gloucestershire County Council Leader to discuss further collaborative working with Gloucestershire Fire and Rescue Service and other initiatives that would see further improvements within the Cotswolds and the wider county of Gloucestershire.

SWAST have recently pointed out that they are currently taking around 3,000 emergency calls every year. That equates to an additional 113 calls every day when compared with last year and over 500 more compared with five years ago, and the service is striving to ensure that its ambulances are being best utilised to help those most in need as quickly and safely as possible.

While it is clear that SWAST finds it very challenging to provide a timely emergency service for the Cotswolds (especially in the north), both I and fellow councillors at Cotswold District Council are still aware of too many incidents where those in need of an ambulance continue to wait for very long periods. In one case last year a 95 year old man waited four hours following a serious fall and we’ve been made aware of many similarly serious instances where the response was measured in hours rather than minutes. Also, just before Christmas 2016, we saw reports about an elderly woman who collapsed in Bourton-on-the-Water and had to lie on the pavement for over an hour pending the arrival of an ambulance. These are just two recent examples and I know that nearly every Cotswold community has reported similar experiences.

SWAST are next due to report to the Gloucestershire County Council Health Care Overview and Scrutiny committee in March 2017. This will shed light on the progress they are aiming to make on ambulance response, including the extended triage system, re-
profiling of the vehicle fleet in Gloucestershire and the outcome of the consultation with staff on rotas.

Cotswold District and Gloucestershire County Councils both continue to monitor SWAST’s performance, and I can assure you that we will keep on pressing for better ambulance response times. In the meantime, I hope that you will now have a better understanding of the efforts expended by us, and other local authorities in Gloucestershire, to hold SWAST to account and challenge them to do better.

Please feel free to let me know your views on this matter, especially if you want to bring any new concerns to my attention – email ambulance.response@cotswold.gov.uk

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