P-06-1274 Stop the removal of the Rapid Response Vehicle for Monmouth, Correspondence – Petitioner to Committee, 16.05.22

16th May 2022

Dear Petitions Committee,

Thank you for the opportunity to respond to the letter from the Minister of Health and Social Services, Eluned Morgan MS date 27 April 2022, and for considering our petition at your next meeting on Monday 23 May 2022.

Since this letter was received, you will be aware that we have handed in both the signed petitions (totalling 3,311 signatures) and attended a meeting with CEO of the Welsh Ambulance NHS Trust (WAST), Mr Jason Killens.

We accept that the Minister does not get involved in operational matters of WAST, however our concerns are still very relevant to the strategic direction for health and care services in Wales, and particularly for us here in Monmouthshire.

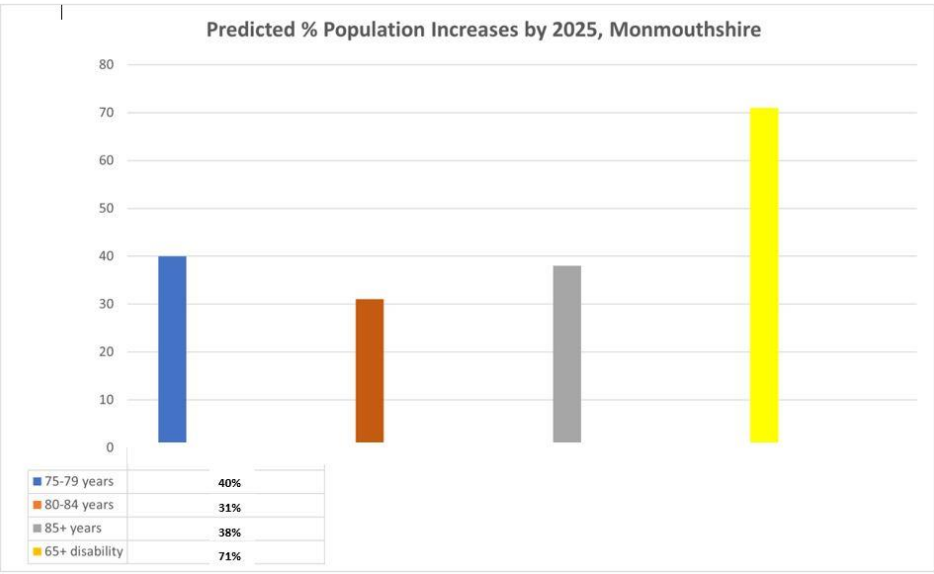
We are aware of, and have read, the publications associated with the independent demand and capacity review that the Minister details in **paragraph three** of her letter, however we wish to highlight to you, as we have to Mr Killens, what we believe to be fundamental flaws with the data used as part of this review, as follows:

Firstly, the data used for the review was on an all-Wales basis, and does not take into account issues such as rurality of areas such as Monmouthshire, specifically the rural road network, and population demographics. This can be demonstrated by the following:

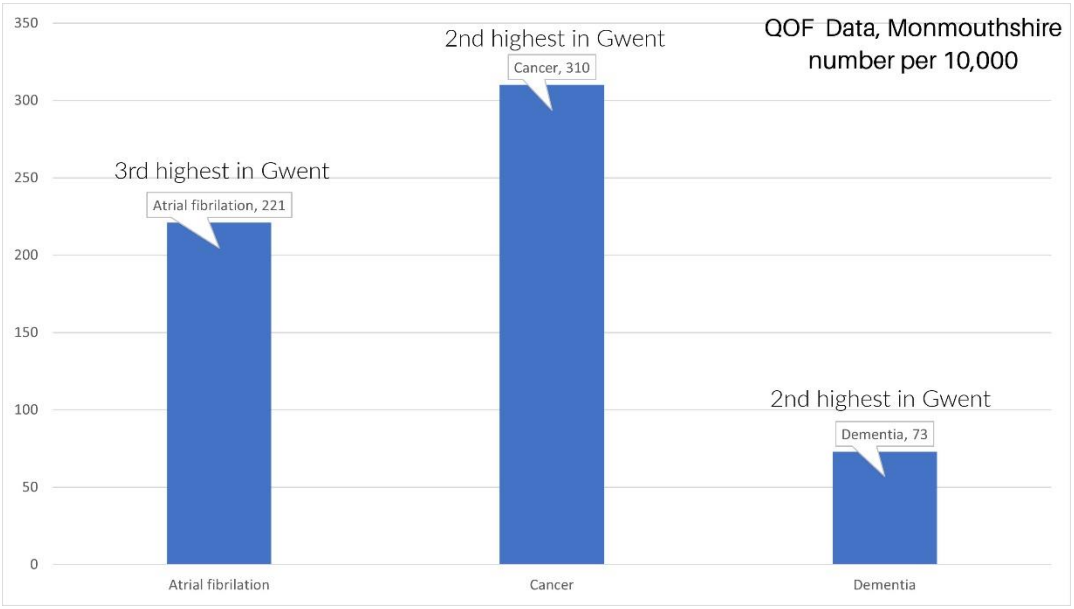
POPULATION DATA

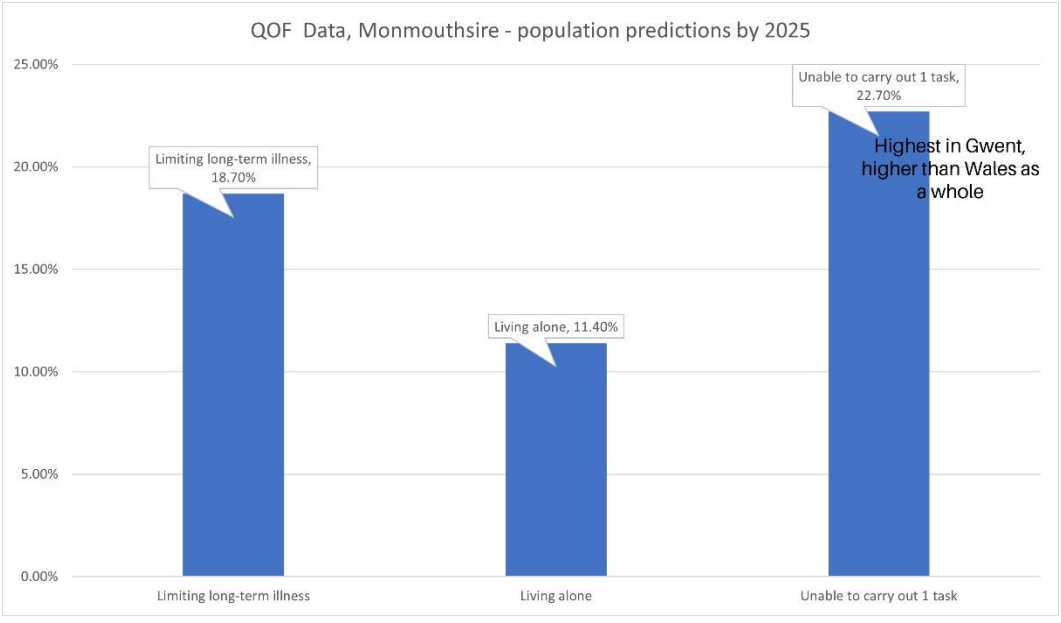
The Demand and Capacity Review documentation states there is a *"Total population increase by 1.6% across Wales from 2018 to 2025."*

Population data from Aneurin Bevan University Health Board (ABUHB) Neighbourhood Care Network Integrated Medium Term Plan, 2020-2023 shows there to be a **predicted increase in population by 2025 in Monmouthshire of 2.3%**. Further, an estimated **40% increase in 75-70-year-olds**, **31% increase in 80–84-year-olds**, and **38% increase in 85+ year olds**.



Further data from the Quality Outcomes Framework (QOF) below shows Monmouthshire as having the **2nd highest number of people per 10,000 in the whole of Gwent who have Cancer, and Dementia**, and **3rd highest number in the whole of Gwent who have Atrial Fibrillation**, along with further predicted data indicating the area will have the **highest number of people in Gwent, and higher than Wales as a whole unable to carry out at least one domestic task on their own.**





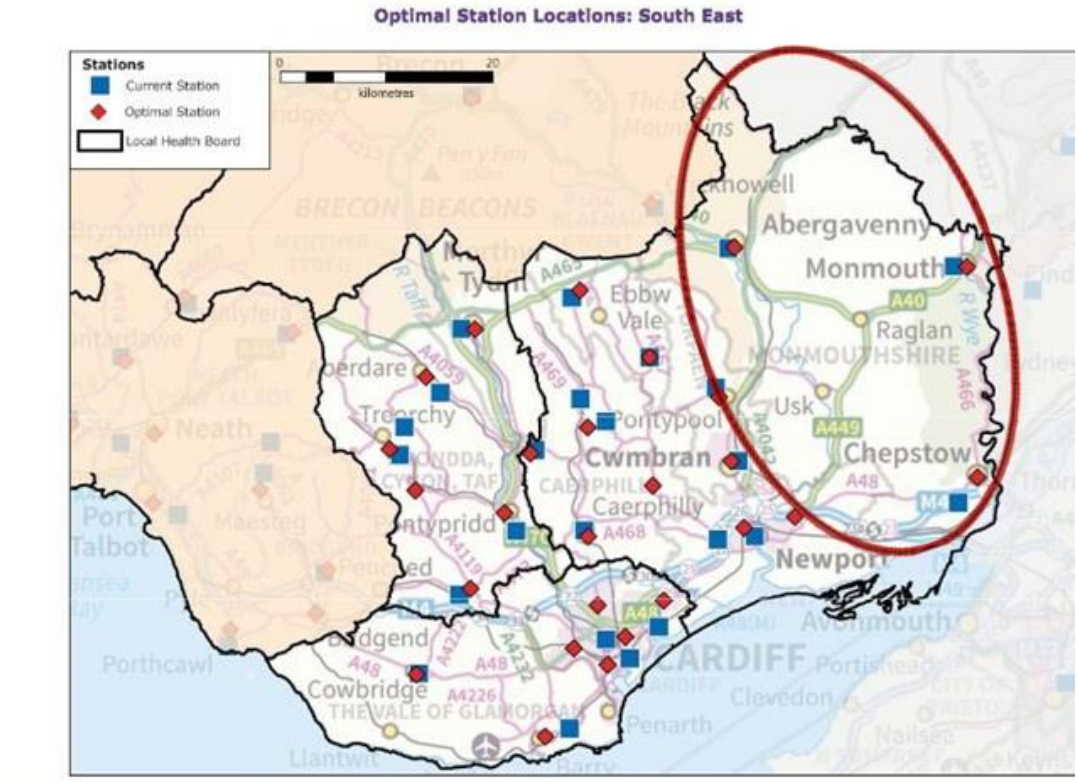
We believe that this is sufficiently compelling evidence to request as a minimum that a review of the data for Monmouthshire takes place to reconsider the decision to remove the RRV, not least because at our meeting with Mr Killens last week he confirmed that although acknowledging the **QOF data is the largest and most credible data set on public health**, **it had <u>not</u> been included in the data for analysis as part of the demand and capacity review.**

RURALITY DATA

In **paragraph four**, the Minister states that the national roster review ***"is intended to improve efficiently and effectiveness of rosters and ensure staff are best placed geographically to deliver a responsive and equitable emergency ambulance service across all parts of Wales".***

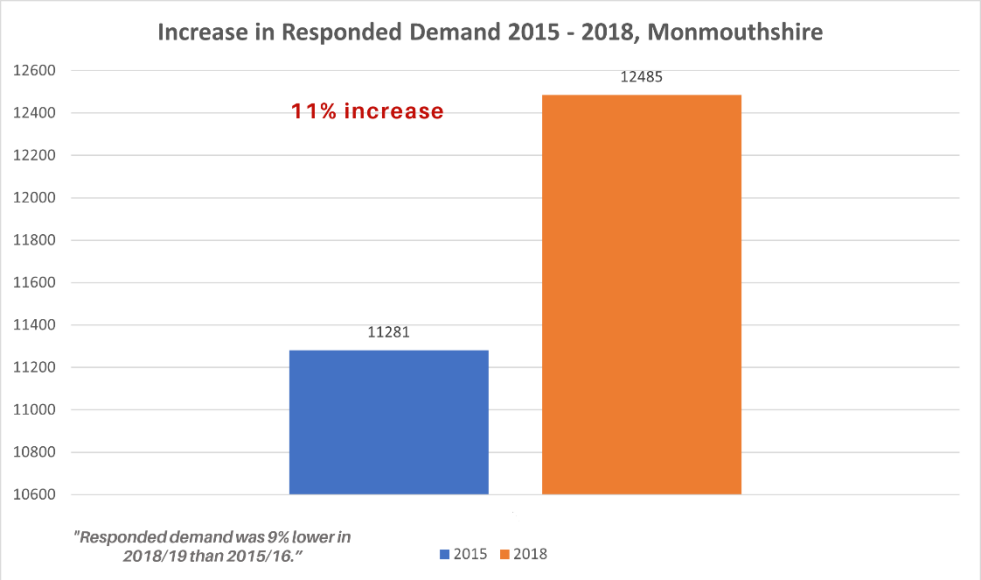
Monmouthshire is a rural NCN area **10 times the size of Newport City** where **44% of the population who live in social isolation also live in rural and semi-rural areas**[1]

Removing the Rapid Response Vehicle (RRV) from Monmouth leaves just one Emergency Ambulance to cover this geographically dispersed area, and as can be seen from the map below published in the demand and capacity review document, there is an enormous gap in suitable provision of emergency care for this area which will affect not only response times with vehicles coming from further distances, but also a lack of suitable vehicles to navigate the rural road network, and crucially the quality of emergency care for the community.



In the **second half of paragraph four** of the Minister's letter, it is stated ***"… align capacity to meet current and future demand as a fundamental part of planning and delivering a modern, high performing service for the people of Wales."*** As detailed above, we believe the data used in the review process is not only inadequate, but also inaccurate. For example, if we look at the anticipated demand for the whole of Wales you will see the Demand and Capacity Review stated *"Responded demand was 9% lower in 2018/19 than 2015/16"* however comparative data obtained through Freedom of Information requests from WAST show rather than a decrease, for Monmouthshire there was actually an **11% INCREASE** in responded demand over the same period.

[1] ABUHB Neighbourhood Care Network Integrated Medium Term Plan, 2020-2023



Paragraph six of the Minister's letter states, ***"The Trust considers this shift from RRVs to EAs to be a natural step forward as part of the clinical response model"*** and yet as was clearly evidenced during the pandemic, when EAs were prioritised over RRVs this had a significant negative impact on response times which it was agreed by WAST were wholly unacceptable[2].

It is further stated in the same paragraph that ***"…the clinical response model, introduced in 2015, where the evidence shows that sending the right response, and early provision of definitive care, takes precedence over speed of response for the vast majority of incidents, particularly those outside the Red category…"*** RRVs were introduced because they can reach critical, isolated, sick, and injured patients quickly, thus easing pain, suffering, and saving lives – the right response and early provision of definitive care. This purpose has not changed in the last 7 years, but the predicted population demographics and increase in responded demand most certainly has (as detailed above), and as Mr Killens himself stated in our meeting on 12th May, he is extremely concerned about the significant number of AMBER incidents not being attended to in a timely manner. If first aid/treatment is not given by the RRV, AMBER cases can quickly deteriorate to RED calls.

We accept that there are finite financial and physical resources available, and understand from our meeting with Mr Killens that WAST are looking to reduce the wait time for AMBER patients by 3½ hours, which is still woefully inadequate, not least when many won't even receive a response or expect to be waiting for help for 8+ hours. Patients in the AMBER category in this situation will continue to deteriorate and potentially come to harm.

Currently the service consults and closes 10% of cases when a 999 call is made. We understand that the aim is to increase this to 50%. The number of calls in the community which are dispatched, seen, and treated sits at 10% which we understand WAST would like to increase to 30%, but most appallingly of all, 80% of calls are seen, treated, and then conveyed to hospital – often not necessary as Mr Killens has confirmed, and frequently turned around in A&E and sent back into the community. With an aim to decrease the volume down to 20%, surely the RRV has a most crucial part to play in supporting this, with, as we have already stated, **48% of incidents attended not then requiring a forward visit to hospital?** Indeed, we could go so far as to suggesting there

[2] WAST Annual Performance Document 2020/21

should be an increase in the number of RRVs rather than removing them, supporting people in their homes, managing their problems in the community whenever possible, rather than taking them to A&E.

Many medical conditions are time critical and require treated within the "golden hour" which research shows gives the best possible outcomes for the patient. We therefore ask is it appropriate to send a RRV to start treatment to stabilise a patient who is bleeding heavily, or wait a longer period of time for an EA by which time the patient may have bled to death? In cardiac arrest, brain death starts to occur within 3 minutes. Should a RRV be sent to begin resuscitation and improve patient outcomes, or should the patient wait until the EA arrives, whenever that may be? An analogy might be when discussing Monmouth's defibrillators that if they are not being used, then they would be better placed elsewhere – we can only imagine the uproar if that were to be suggested, and yet that's precisely what is being suggested here by removing the RRV, although in the case of the RRV we believe we have demonstrated through clear data from credible sources that the RRV plays a crucial part in timely and early provision of definitive care in the community. The RRV is well placed to make a rapid assessment of what is required, enabling those who do need to be transported to hospital to be prioritised, and signposting those to appropriate support who do not.

We do understand that the campaign and petition we are running is just one part of a much bigger problem that needs solving, recognising the need for significant improvements in the resourcing of social care to improve flow through hospitals, recruiting clinicians across health and social care, and everyone as citizens taking responsibility for using resources appropriately, however we do not believe that removing the RRV as a critical resource in the community is going to help with the challenges, indeed as we show further on in this response, WAST themselves have admitted the negative impact there is on emergency care by prioritising EAs over RRVs.

The Minister goes on to detail in **paragraph seven** why the RRVs are considered less productive than EAs, specifically citing that ***"they carry less equipment", "they often require back-up support from EAs to transport patients to hospital"*** *and* ***"…they do not provide a significant response time gain over EAs".***

In response to each of these points we reply as follows:

Less equipment

We attach to the email accompanying this letter a detailed list of all the equipment RRVs carry at all times. The list is extensive, and includes life-saving equipment such as a defibrillator to treat patients in cardiac arrest and provide emergency treatment.

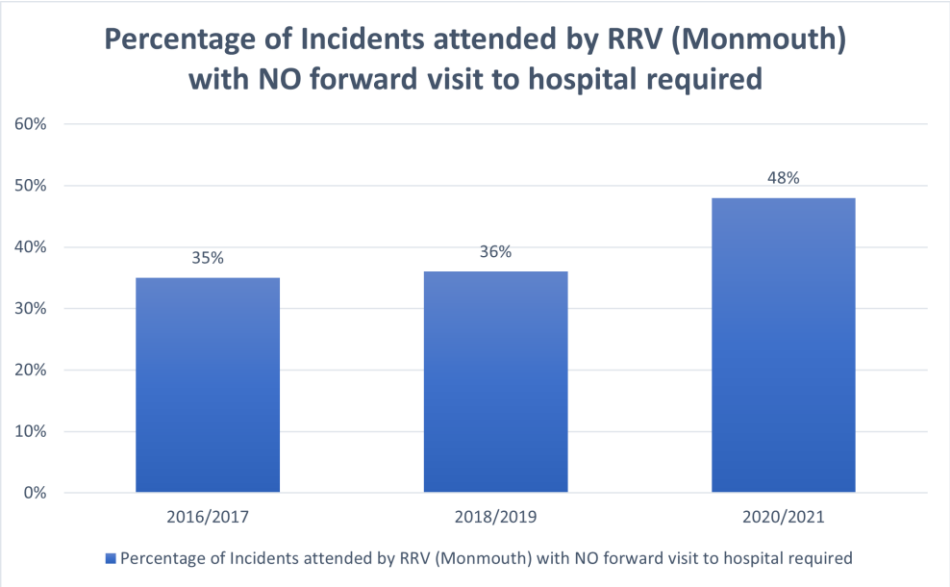
Furthermore, staff in these vehicles are ***"highly trained in all aspects of pre-hospital emergency care.[3]"***

As detailed in the enclosed supporting letter from the GP, ***"the rapid response team will often stabilise a patient and enable us to manage them at home – better for the patient and their family, better for helping to ease the intense pressure in secondary care, where hospitals are chronically short of beds."***

[3] www.ambulance.wales.nhs.uk/en/377

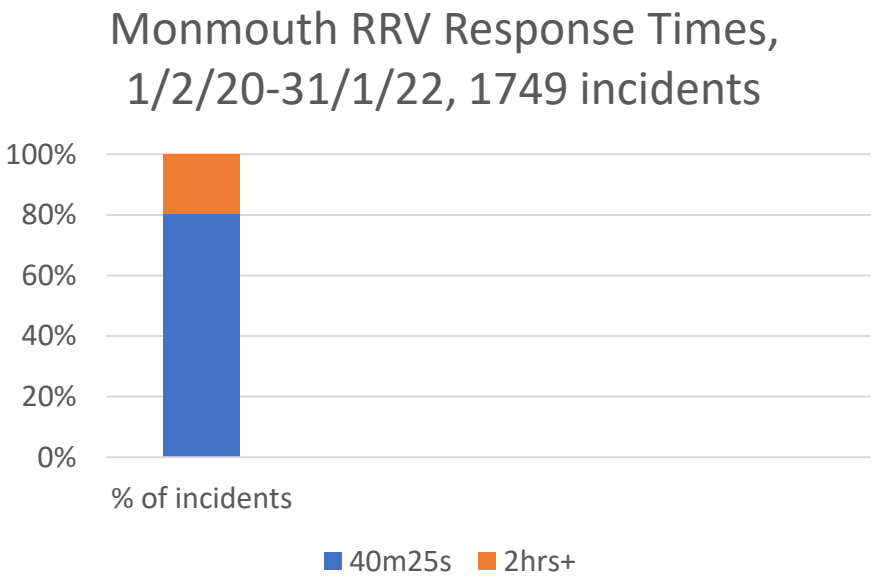
Requiring back-up support from EAs to transport patients to hospital

In 2020/21 the data received from WAST via Freedom of Information requests indicates that **48% of incidents attended by the RRV did NOT require a forward visit to hospital.** That's nearly half of all incidents freeing up an ambulance to attend critical incidents elsewhere.



No specific response time gain over EAs

As you'll see from the data presented below[4] 80% of AVERAGE response times for incidents attended by Monmouth RRV between 1/2/20 and 31/1/22 were reached in 40 minutes or less, indeed **many were well below 20 minutes, often in 10 minutes or less** (full data is available). Comparing this to the ongoing issues with EA response times, let alone EA availability in the area, it's clear to see just how huge the time gain is by using RRVs.



Furthermore, in the WAST Annual Performance Report 2020/21 it was stated on two separate occasions (see below) that **one of the key reasons affecting RED performance times was the decision to prioritise EAs over RRVs.**

[4] WAST Freedom of Information Request

"…the Trust prioritised emergency ambulances (patient conveying resource) over rapid response vehicles, in order to convey CoVID-19 patients to hospital. The Trust knew this would have some negative impact on RED performance times…

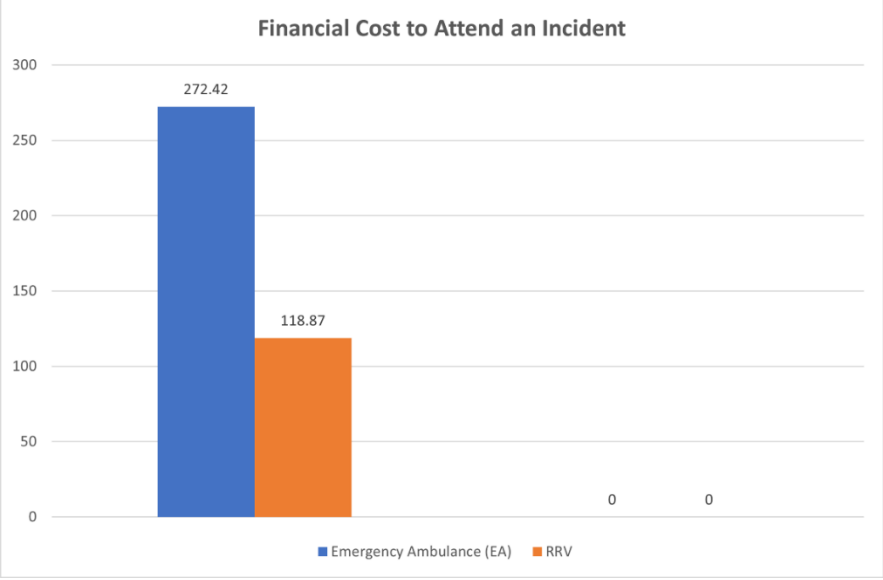
"The Trust was only able to maintain RED 8-minute performance above the 65% Welsh Government target for four months in 2020/21…Many factors (an estimated 23) affect RED performance, but key ones include…the decision to prioritise emergency ambulances over RRVs as part of the pandemic response…"

There is no doubt from all of the above that the decision to remove the RRV from Monmouth will surely have a further negative impact on both RED and AMBER performance times.

Paragraph eight of the Minister's states ***"… specific stations may see a reduction in their planned resource following implementation of new rosters, but this is set within a context of an enhanced position across an entire locality, health board and region."*** We refer again to the map published in the Demand and Capacity review documentation, and the information provided above regarding the Monmouthshire road networks.

In **paragraph nine**, the Minister states that there is a partnership approach to the development of the new rosters, which includes ***"…WAST staff, Trade Union colleagues, and commissioners."*** There is no mention here of wider consultation and/or discussion with other emergency services e.g. fire, police, who rely on the rapid response vehicle attended to incidents such as RTAs very quickly, and are concerned, having spoken to representatives from these organisations, that they too will suffer as a result of the removal of the RRV. We wish to understand why the other emergency services, and indeed the wider community are not considered key stakeholders in the partnership approach, and further wish to clarify when any consultation process with key stakeholders is likely to take place.

Whilst economic reasons have not directly been cited as a reason to withdraw the RRV, we do understand that matters of 'efficiency' and best use of resources available play an important part, so wanted to add that there are also strong economic reasons for retaining the RRV as



shown above. The average cost for an EA to attend an incident is £153.55 higher than it is for a RRV to attend.[5]

Paragraph ten of the Minister's letter refers to correspondence and a briefing to stakeholders such as locally elected representatives. We are fully aware of this, and indeed have the full support of said local representatives who have already met with Mr Killens and had no reassurance whatsoever about the provision of the RRV here in Monmouth. They have been, and remain, fully supportive of our actions such as the signed petitions, meeting with Mr Killens, and pursuing the matter through yourselves. Similarly we have been working closely with several GP representatives with practices in Monmouthshire who fully support this petition and whose clinical opinion is to remove the RRV here will put lives at risk. We enclose a letter from Dr Rowena Christmas from The Wye Valley GP Practice, Trellech, as an example of this.

As mentioned at the start of this letter, we were able to meet with WAST CEO Jason Killens on 12th May 2022, and following that he agreed to reflect on and review the data that was presented by us. He confirmed, as we have already stated above, that the QOF data, **whilst acknowledging it to be the largest and most credible public health data available, had <u>not</u> been included in the data for analysis for the demand and capacity review carried out by ORH Consultants, or indeed the secondary review as part of the due diligence process carried out by another organisation (Optima) in the last few weeks.**

We question how there can be confidence in the decision to remove the RRV from Monmouth, when crucial data such as that from QOF has either not been considered at all, or is at direct odds with the whole-of-Wales approach as detailed above for areas such as anticipated demand, predicted population increases, demographics, response times, and incidents not requiring forward visits to hospitals.

We therefore believe this provides both credible and compelling evidence that the decision to remove the RRV from Monmouth will have a serious, detrimental effect on the quality of emergency care services to the Monmouthshire community, and urgently request that the decision is reviewed in the light of the above, and the RRV remains here in Monmouth.

Thank you so much for your time in considering our response, and please do come back to us if you need any clarification or further information.

Kind regards,

Lorraine Allman, and
Terry Kirton EN (G), RGN, Dip First Aid (CMA), Dip First Aid for Mental Health (CMA)

[5] WAST Freedom of Information request

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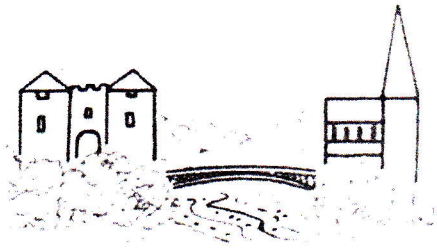
The Wye Valley Practice

Two Surgeries, One Aim: Excellence in Healthcare Bridging the Wye



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06 May 2022

Dear Mr. Killens,

I am partner at Wye Valley Practice in Trellech and have worked here for the past 22 years. The pressure on primary care has been increasing over the past decade, and this has only been exacerbated by the multiple pressures created by the pandemic. Across Monmouthshire we are experiencing a shortage of GPs, practice nurses and other clinicians and this, coupled with a continued increase in the need for appointments means we often lack capacity to meet demand.

We are well aware of the problems within the ambulance service. These affect our rural area hard, as patients live many miles from their nearest hospital. Waiting times for even red calls at times can be measured in hours rather than minutes and this creates terrifying situations for both patients and their doctors.

With this background, I was very concerned to learn that we may lose the Monmouthshire rapid response vehicle. I can recall countless times when this service has allowed me to leave a gravely unwell patient in capable, safe hands, allowing me to return to my surgery and a full waiting room of unwell patients who need my time. The rapid response team will often stabilise a patient and enable us to manage them at home – better for the patient and their family, better for helping to ease the intense pressure in secondary care, where hospitals are chronically short of beds.
We value our rapid response vehicle. We need it. If we lose this service, the long waits for ambulances will create even more risk, and the pressure on primary care will be even more difficult to manage. People could die. Please rethink this decision.

Yours sincerely

Rowena Christmas

Dr Rowena Christmas