

REPLY BY THE PRESIDENT OF THE COMMITTEE FOR HEALTH & SOCIAL CARE TO QUESTIONS
ASKED PURSUANT TO RULE 14 OF THE RULES OF PROCEDURE BY DEPUTY GAVIN ST PIER

Preamble

There were two resolutions coming out of Article 16, 'Proposals regarding Guernsey's Future Ambulance Service,' Billet d'Etat III of 2016:

"1. To agree the transfer of the budgetary and non-clinical oversight role for the Emergency Ambulance Service from the Health and Social Services Department (and its successor) to the Home Department (and its successor), at a future date to be determined but not before January 2017, thereby providing the Home Department (and its successor) with the combined oversight role for all "blue light" emergency services as they work increasingly jointly to their 'best practice interoperability' agenda.

"2. To note that the Health and Social Services Department (and its successor) will return to the States of Deliberation during 2016 with Policy Letters proposing the more detailed arrangements to implement the strategy outlined in that Policy Letter and the Report of the Guernsey's Future Ambulance Service Steering Group, once those plans and Business Cases have been finalised between all parties."

The strategy outlined in that Policy Letter was the following series of proposals for progressive implementation over the 5-year period 2016 – 2021:

"1. Prepare the Emergency Services to support HSSD's planned transformation and integrated health & social care intentions.

2. Redesign Emergency Medical Services with a focus on patient outcomes, including new 'clinical pathways' and processes.

3. Retain and extend St John's role as a strategic partner for Emergency Ambulance and Medical Services.

4. Invest in better skills for Paramedics and Clinical Technicians, and deploy them flexibly network-wide (on Ambulances, fast-response vehicles, within A&E and to the home).

5. Fully evaluate co-locating the Emergency Ambulance Base from St John's Rohais location with the Fire Service.

6. Transfer the budgetary and non-clinical oversight role for the EAS from HSSD to Home to provide Home with the combined oversight role for all 'blue light' emergency services (Police, Fire and Ambulance) as they work increasingly jointly to their "best practice interoperability" agenda.

7. Pursue better States' asset sharing and procurement across the Emergency Services (including property, vehicles, mobile technology and other support services).

8. Properly resource the HSSD ICT effort, e.g. to make possible the future sharing of core patient record data in emergencies.

9. Operate NEPTS as a distinct service separate from the EAS Contract, with "pooled providers".

10. Give notice to agree a "win-win" contract with St John from 1st January 2017."

I understand that the Committee for Home Affairs during the last term did not wish to progress this matter in accordance with the first resolution and consequently it was rescinded after discussion between your predecessor Committee and Home Affairs early last term.

I understand that the Committee for Health & Social Care used its continued responsibility for the funding and governance of the Ambulance Service to support the progression of the second resolution. I further understand that it was felt that not all of the work identified would require States' approval.

Question 1

1. A) Could you please provide an update on progress against each of the 10 recommendations and b) explain if and how the new contract will progress any of the recommendations?

Answer

1. Prepare the Emergency Services to support HSSD's planned transformation and integrated health & social care intentions.

The successful transformation of health and care can only occur with close partnership working between the private, public and third sector. St John Emergency Ambulance Service (SJEAS) plays a key role in the island's health and care system and there is a positive and constructive relationship between HSC's officers and SJEAs in respect of both day to day operations and looking ahead towards future transformation. SJEAS are aware of HSC's plans for transformation and are keen to be involved at every opportunity. SJEAS already work closely with community services, and it is expected that the development of a Community Hub may further improve integrated care in community settings. The Electronic Patient Record upgrade will also allow better data sharing between the two organisations. Finally, the Hospital Modernisation programme may influence and change some of St John's processes – for example changing the entrance to the Emergency Department will mean a new drop-off location for St. John.

2. Redesign Emergency Medical Services with a focus on patient outcomes, including new 'clinical pathways' and processes.

Clinical pathways affect not only patient experiences and outcomes but also drives operational practices, systems, resourcing and cost. Accordingly HSC has well established processes to work with partners to review pathways and processes based on clinical best practice, practical experience and feedback. One live example in conjunction with SJEAS is a joint pilot project with the Rapid Response & Reablement team is looking to introduce a 'Frailty Practitioner' in the Reablement team as part of an initiative to improve clinical pathways. The Frailty Practitioner will most focus on improving falls pathways and will receive training to upskill in this area. The pilot project will last for 2 years with reviews taking place every 6 months.

3. Retain and extend St John's role as a strategic partner for Emergency Ambulance and Medical Services.

As above, SJEAS plays a key role in the island's health and care system and is an important strategic partner. Building upon the introduction of the new contract, there is a positive and frank relationship between HSC and SJEAS, with an open dialogue focused on improving health and care services in line with the values of the Partnership of Purpose.

4. Invest in better skills for Paramedics and Clinical Technicians, and deploy them flexibly network-wide (on Ambulances, fast-response vehicles, within A&E and to the home).

In line with the key aim of the Partnership of Purpose to support and empower health and care professionals to work across integrated teams, HSC and SJEAS continues to work closely in respect of the training and deployment of staff. For example, the frailty practitioner project will allow staff to be upskilled and deployed widely. By training a paramedic to specialise in frailty and falls assessments, they will be deployed fulltime in the community setting. As well as improving care, the project will promote career development in St John and the opportunity to specialise in other skills. Should the project prove successful, other projects may follow using a similar approach.

SJEAS have also provided paramedic support to the COVID-19 response in both the testing and vaccination teams and continue to work closely with operational colleagues at HSC to identify other opportunities to do so.

In addition, ongoing consideration is given to how this skillset could also be applied within the Emergency Department or on emergency air patient transfers.

5. Fully evaluate co-locating the Emergency Ambulance Base from St John's Rohais location with the Fire Service.

Work was undertaken last term to evaluate the potential co-location of Emergency Ambulance Base and Fire Service. This was informed by the professional expertise of senior officers in both services, and was also subject to independent assessment as part of a review of the Emergency Ambulance Service and its role within the wider Emergency Care Response Network. Collectively this identified that while co-location was not suitable – although recognising that broader discussions surrounding the States' property portfolio may alter this

in the future – and St John and HSC will work together to compile a report which summarises the results of the previous studies.

6. Transfer the budgetary and non-clinical oversight role for the EAS from HSSD to Home to provide Home with the combined oversight role for all ‘blue light’ emergency services (Police, Fire and Ambulance) as they work increasingly jointly to their “best practice interoperability” agenda.

As recognised in the question, the associated resolution was rescinded by the Assembly in 2017 and therefore, this item is considered closed.

7. Pursue better States’ asset sharing and procurement across the Emergency Services (including property, vehicles, mobile technology and other support services).

SJEAS and HSC are continually working together to identify areas where they can share services and support, examples of this include working closely with HSC procurement during the COVID-19 pandemic in respect of Personal Protective Equipment, the use of paramedics to support both the testing and vaccination teams and working with the HUB in respect of recovery of unpaid invoices.

8. Properly resource the HSSD ICT effort, e.g. to make possible the future sharing of core patient record data in emergencies.

The upgraded Electronic Patient Record will, when implemented, have an impact on the future of data sharing between the two organisations. Meanwhile, SJEAS has implemented a remote device in their vehicles which will allow ECG results to be shared remotely with the Emergency Department. They have also purchased a Digital Patient Record form which will allow the patient record form (PRF) to be retrospectively uploaded to enable reporting. Recently an updated data sharing agreement has been drafted by the States’ Data Protection team to allow continued sharing of data with St. John.

9. Operate NEPTS as a distinct service separate from the EAS Contract, with “pooled providers”.

The SJEAS Non-emergency patient transport service is provided to eligible patients with clinical need and requested by approved clinicians only. Work is ongoing in 2021 with SJEAS to re-confirm the criteria for patients, with SJEAS looking to submit a business case for extending the operating hours by end of Q4.

With regards to the pool of providers, their remit would likely be different to that of SJEAS as they would not be able, or willing to provide the clinical care that SJEAS provide. However, the voluntary car service which is under review as well as the Dial-a-Ride initiative by the Committee *for the* Environment & Infrastructure will complement this service by focussing on patient transfers that do not require that clinical input or transfers which are aimed at the social aspects.

10. Give notice to agree a “win-win” contract with St John from 1st January 2017.

A new contract came into effect on 1st January 2019. In addition, an open-book approach has been taken and considerable progress has been made to ensure the contract is appropriately costed.

1b) Explain if and how the new contract will progress any of the recommendations?

The contract contains a 'Service Development' Schedule which details potential service developments informed from various reports, which are planned to take place over the duration of the contract. This schedule has recently been reviewed, as per the terms of the contract, ensuring that the recommendations from the 2015 Ambulance Service Review (GFAS - Guernsey's Future Ambulance Service) are included where applicable. The work streams within this are reviewed annually to ensure focus is kept and any new areas identified are introduced. Monthly meetings take place between the HSC Client Team Project Officer and the SJEAS Transformation and Development Manager to check progress against the work streams. Service Development and the progress thereof is a standing agenda item on the quarterly contract management meeting.

Question 2

- 1. Could you please advise whether it is your Committee's intention to revisit with the new Committee *for* Home Affairs Recommendation 6 to transfer the budgetary and non-clinical oversight role for the Ambulance Service from your Committee to Home Affairs?**

While the Committee continues to work closely with colleagues in the Committee *for* Home Affairs in respect of matters of mutual interest across our respective mandates, there are currently no plans to revisit Recommendation 6 which has already been investigated and been deemed less effective.