

Guernsey's Future Ambulance Service – Public and Professional Consultation

July/August 2015

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1. BACKGROUND

On behalf of the States of Guernsey, Island Global Research has carried out island-wide research in support of a review of the Island's emergency and non-emergency ambulance service. The overall project is being administered by a group of senior representatives drawn from HSSD, St John Ambulance & Rescue Service, Home Department (responsible for other Police & Fire emergency services) and Treasury & Resources. The objectives are to develop, over time, the most effective ambulance service for the Island.

This particular element of the consultation process took place sufficiently early to influence future proposals which would be drawn up early in 2016. It sought the views and opinions of as wide a range of Island residents as possible including those with a direct or indirect interest in the local ambulance service.

The survey was broken down into the following sections;

- Ambulance Services
- Non-emergency Patient Transfer
- Addressing immediate Medical Needs
- Use of Medical Records by Registered Health Professionals
- Collaboration Between Emergency Services

The response to the survey was impressive. Overall, a representative sample of 1,636 Guernsey respondents took part in the research. Two out of three of these respondents had no involvement at all in the provision of health related and/or emergency services through the public, private or voluntary sectors.

The views and opinions of these respondents (defined as the 'general public' in the survey) were separately analysed to those who had some involvement in health and/or emergency services (defined in the charts as 'Emergency/Health related respondents').

NB. It should be stressed that an overall average response rate covering all respondents should not be calculated by simply adding together the percentages recorded per group response and then dividing by 2.

The overall degree of error was +/-3% for the findings generated from the general public and just over +/-4% for the responses obtained from emergency/health related respondents.

2. FINDINGS

2.1 Sample Profile

Figures 1 to 5 set out the profile of all respondents. The profile was very representative indeed of the population as a whole. Slightly more females than males responded to the survey (which tends to be the norm in all surveys).

64% or two out of three respondents (defined as the general public) indicated that they had no involvement directly or indirectly with the provision of health and or emergency services in the public, private or voluntary sectors.

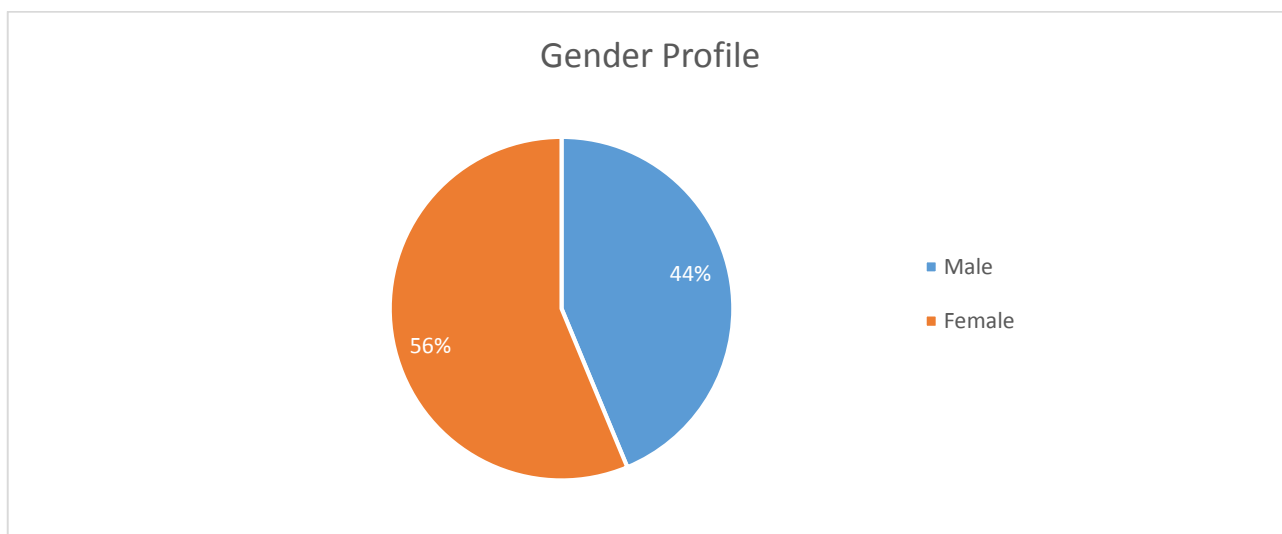


Figure 1

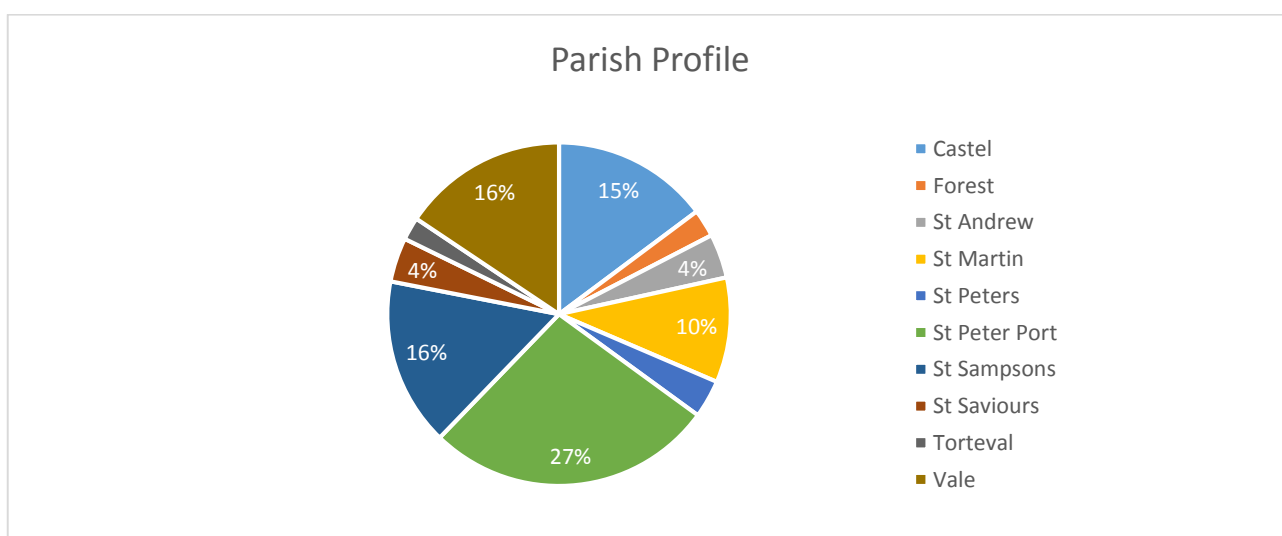


Figure 2

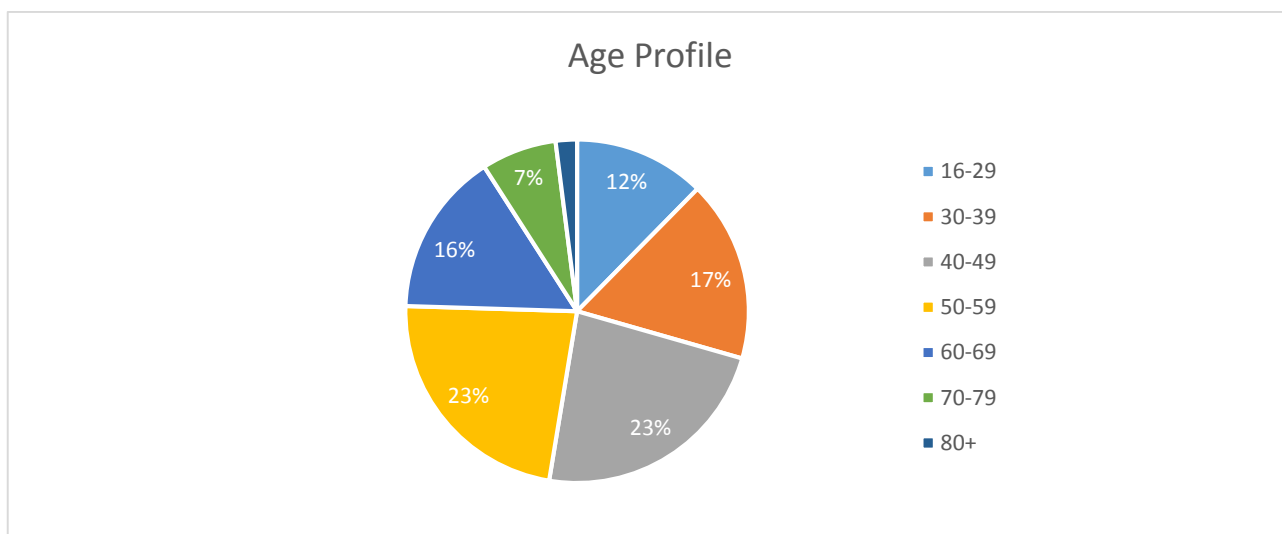


Figure 3

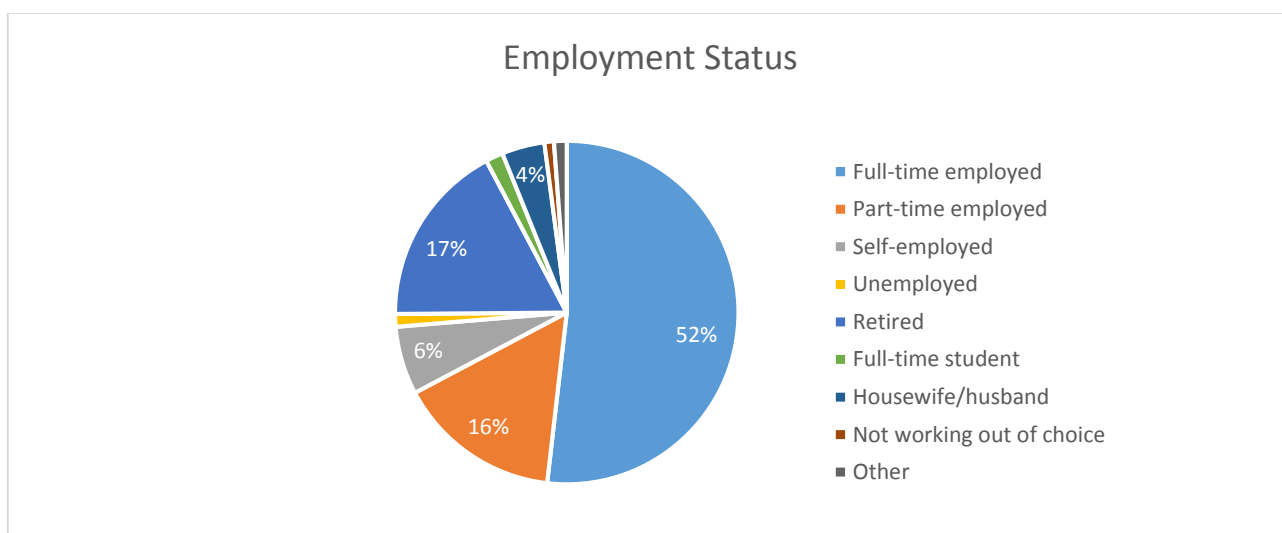


Figure 4

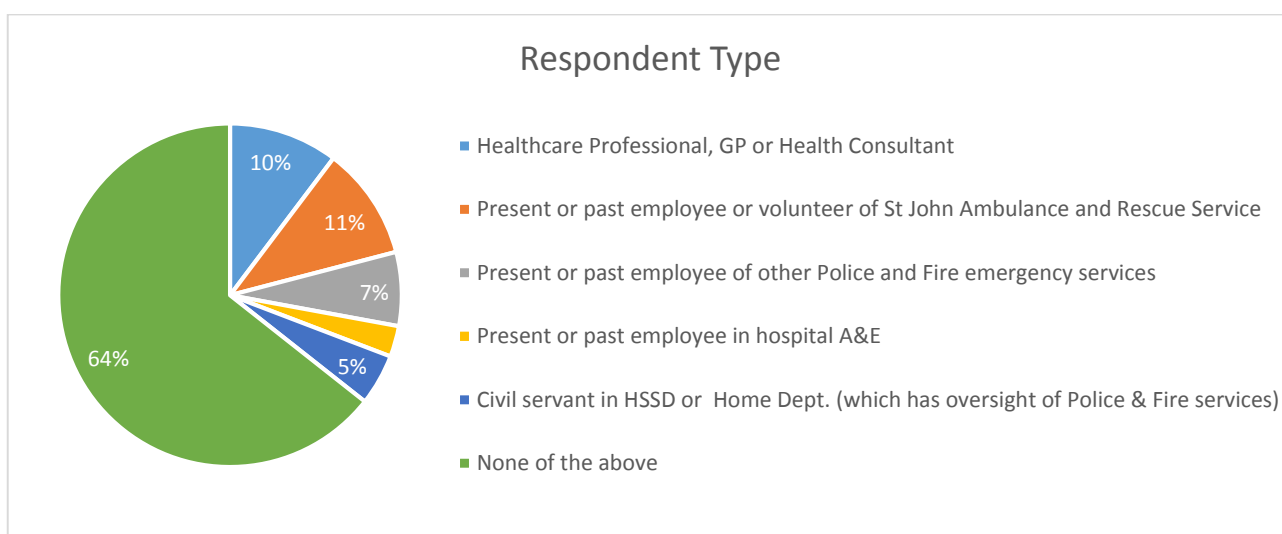


Figure 5

2.2 Ambulance Services

As far as views on which organisation should be responsible for the operation of the Island's ambulance service, two out of three members of the general public stated that this should remain with St John (as at present) while only one in three of the emergency/health related respondents were of the same view (Figures 6 and 7). Another third (33%) of this latter group were of the opinion that the Home Department should be the body responsible while 28% said that HSSD should have that role.

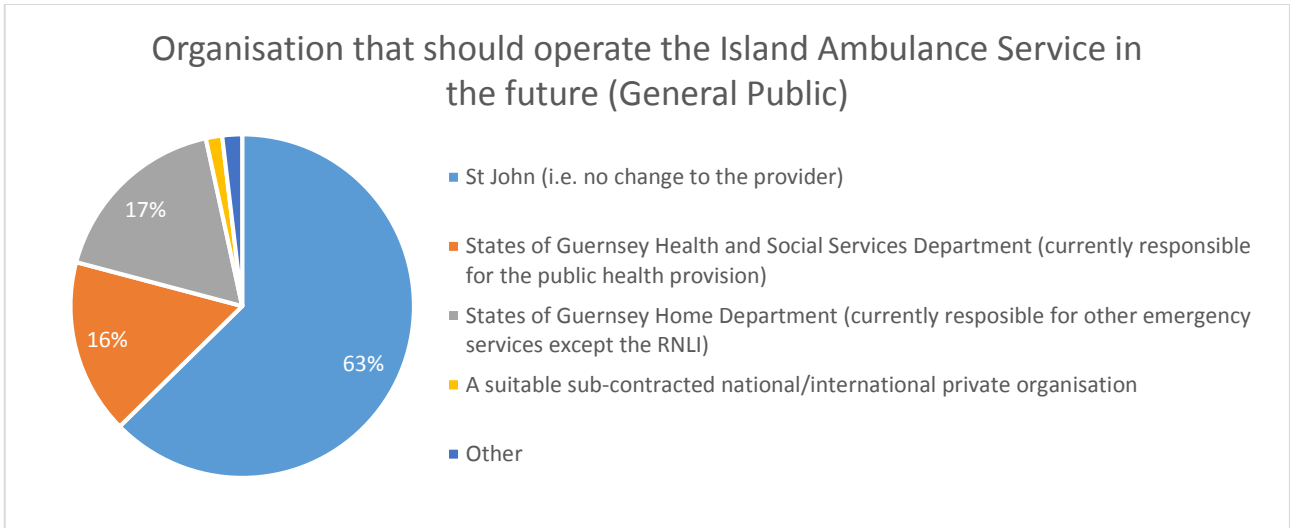


Figure 6

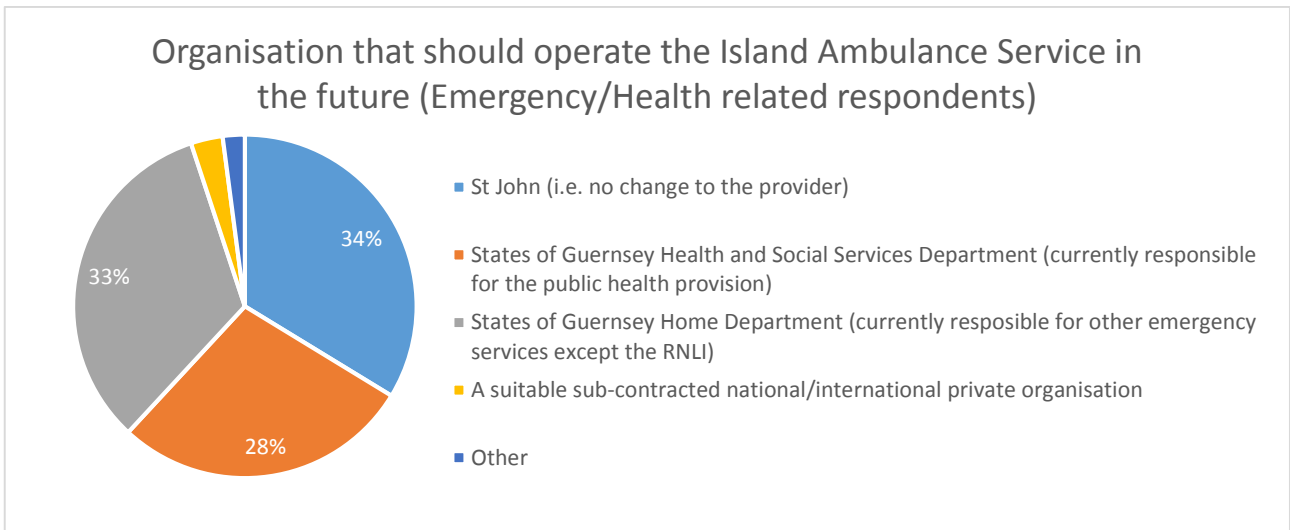


Figure 7

52% of the general public and 42% of emergency/health related respondents) considered that the cost of a call-out emergency ambulance should continue to be paid by the user. This percentage was exactly reversed in that 42% of the general public and 52% of emergency/health related respondents were of the view that the States of Guernsey should fund emergency call-outs from general taxation (Figures 8 and 9).

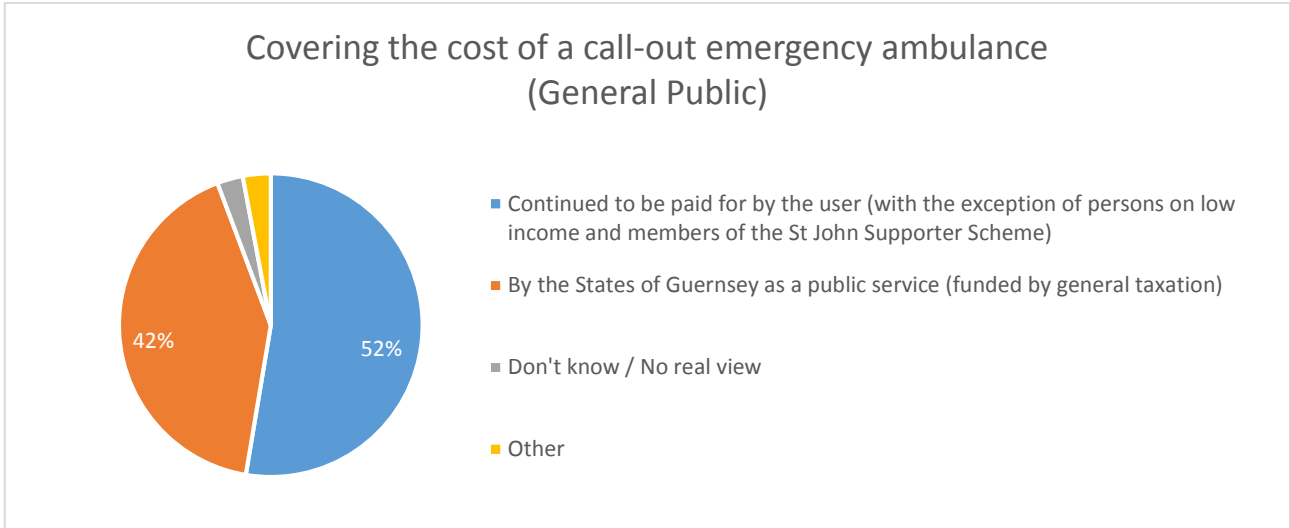


Figure 8

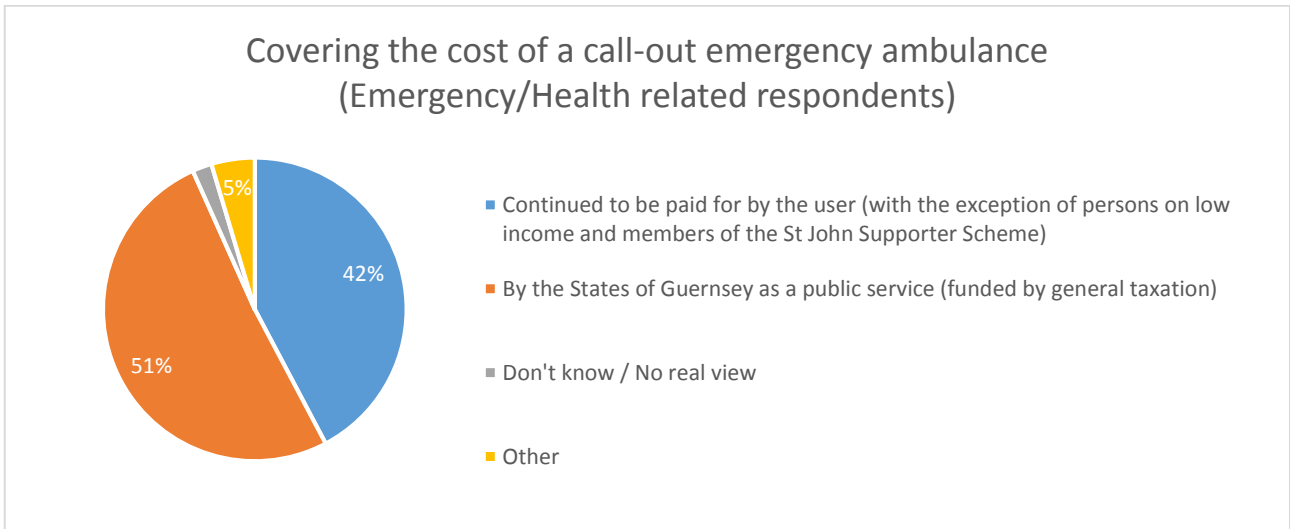


Figure 9

One in two in each respondent group considered that the standards set in Guernsey should, wherever possible, be better than those set in the UK (Figures 10 and 11). However, a further 26% of the general public (18% of emergency/health related respondents) felt that Guernsey should not compare local standards with the UK. 31% of emergency/health related respondents and 23% of the general public considered that the standards set in Guernsey should wherever possible be able to match those in the UK

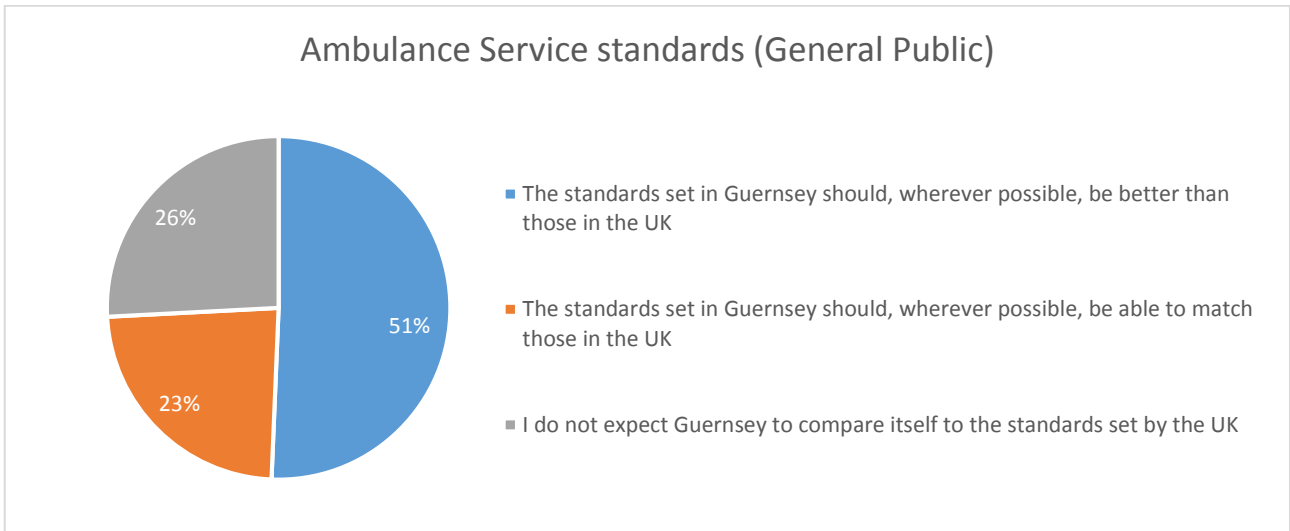


Figure 10

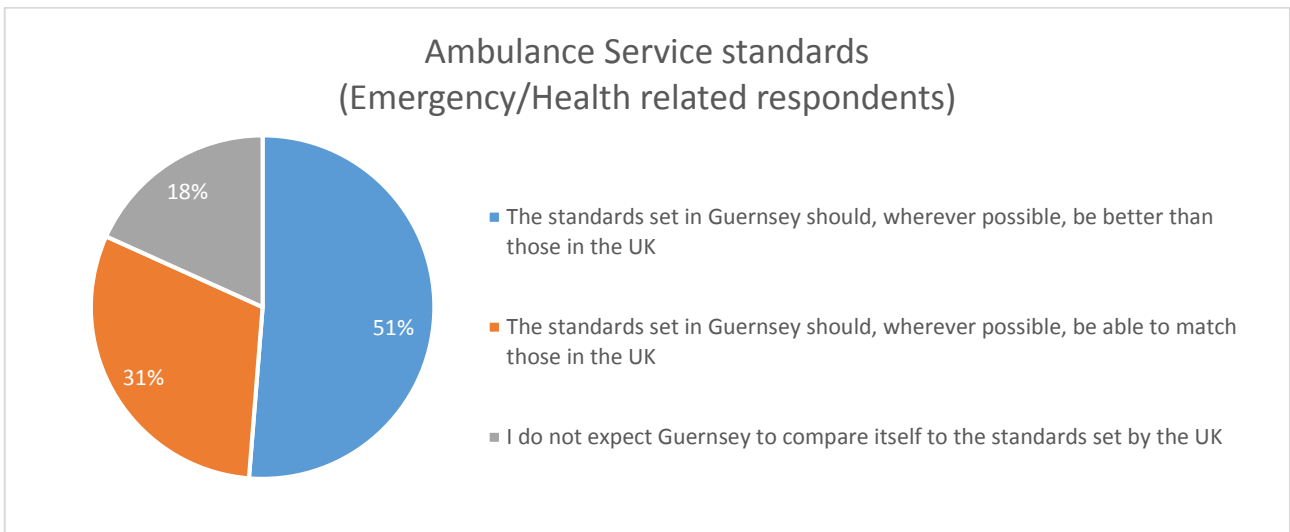


Figure 11

The overwhelming opinion of respondents in each group was supportive of the inclusion and development of the use of paramedics by having them both on ambulances and, in the future, delivering other healthcare in the community. This would help to reduce pressure on hospital attendance and the potential stay for people who were admitted (Figures 12 and 13).

A majority in each group considered that this inclusion should be undertaken regardless of cost. However, 40% of the general public and 30% of emergency/health related respondents were of the opinion that, while they were supportive of such inclusion, there needed to be a compromise between cost and service.

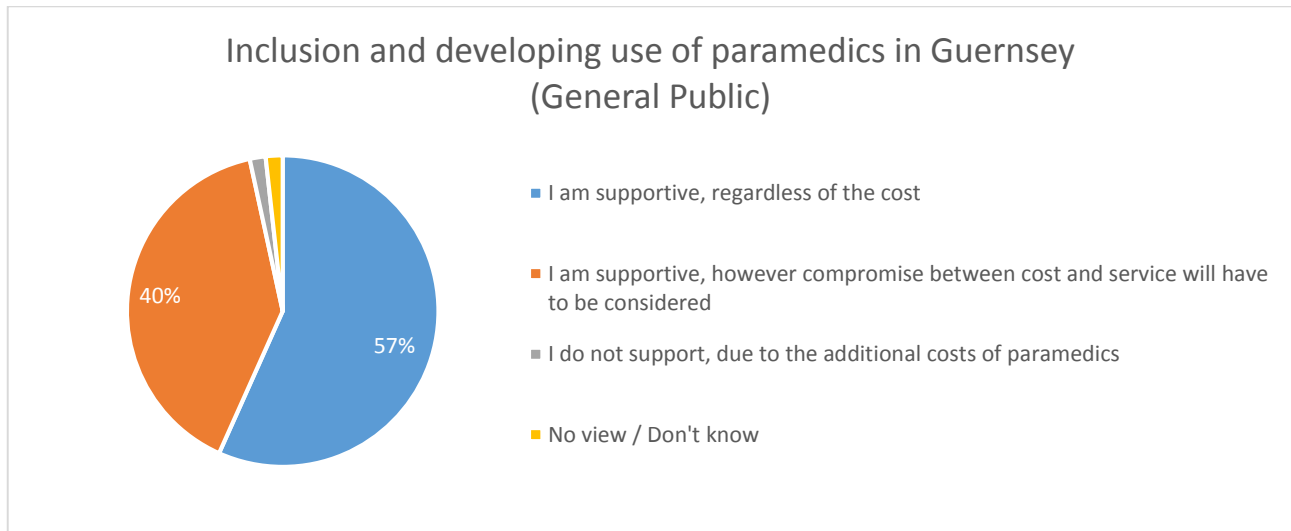


Figure 12

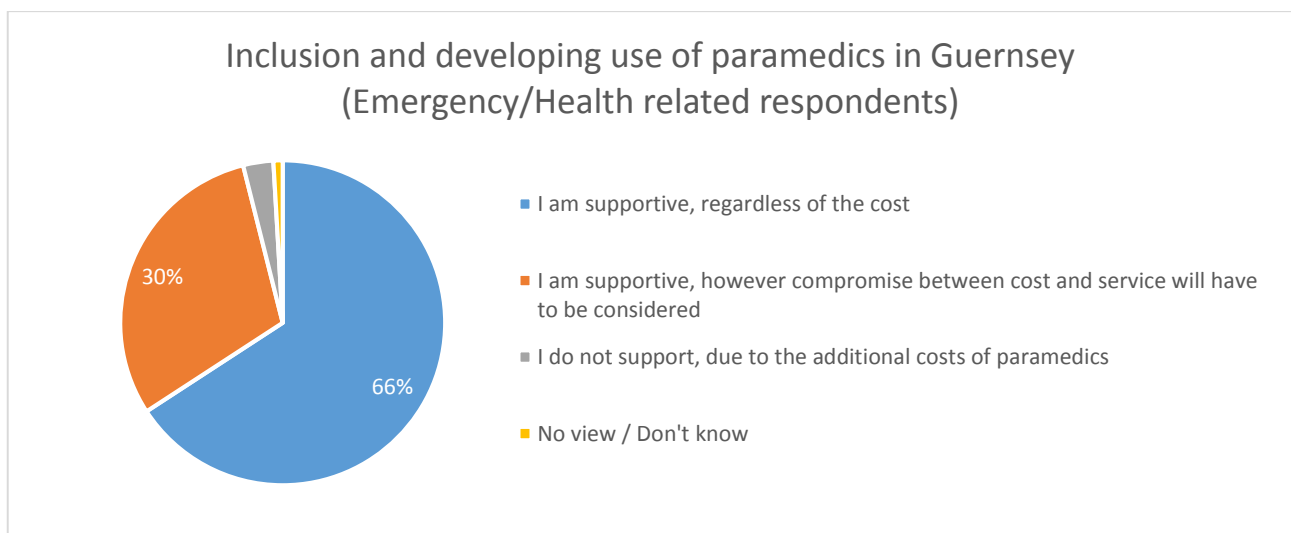


Figure 13

It should be highlighted that a significant minority in both groups had 'no view' either way on this question or answered 'don't know'.

As far as satisfaction levels were concerned with regard to the amount of information/key performance indicators that was publicly available on the performance of the Island's ambulance service, 42% of the general public and 32% of emergency/health related respondents were either 'satisfied' or 'very satisfied'. On the other hand, 29% of the general public and 46% of emergency/health related respondents were 'dissatisfied' or 'very dissatisfied' with the provision of such information (Figures 14 and 15).

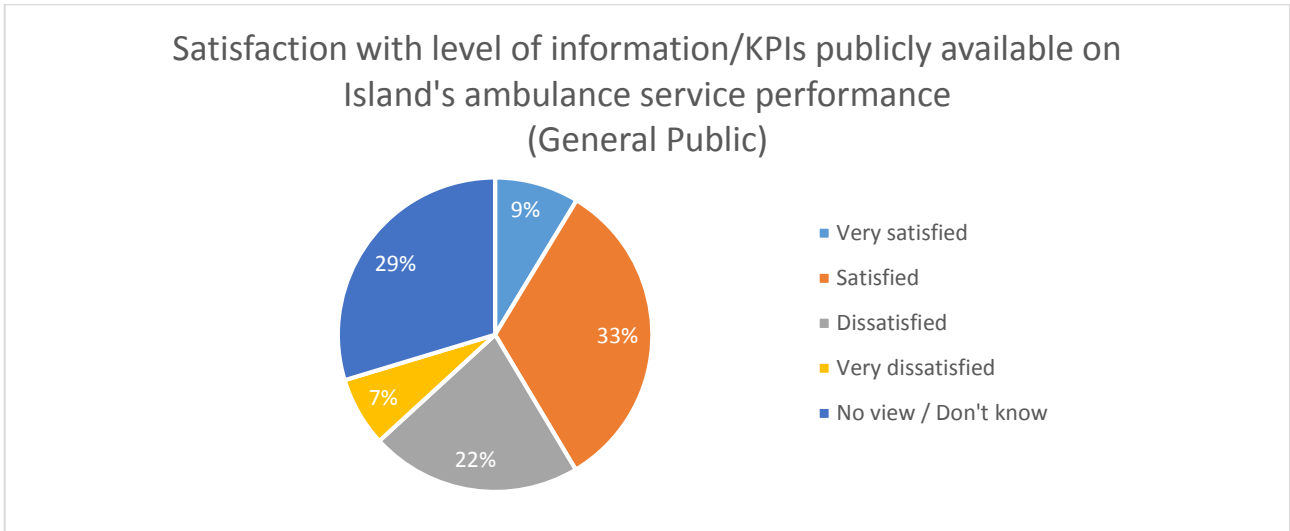


Figure 14

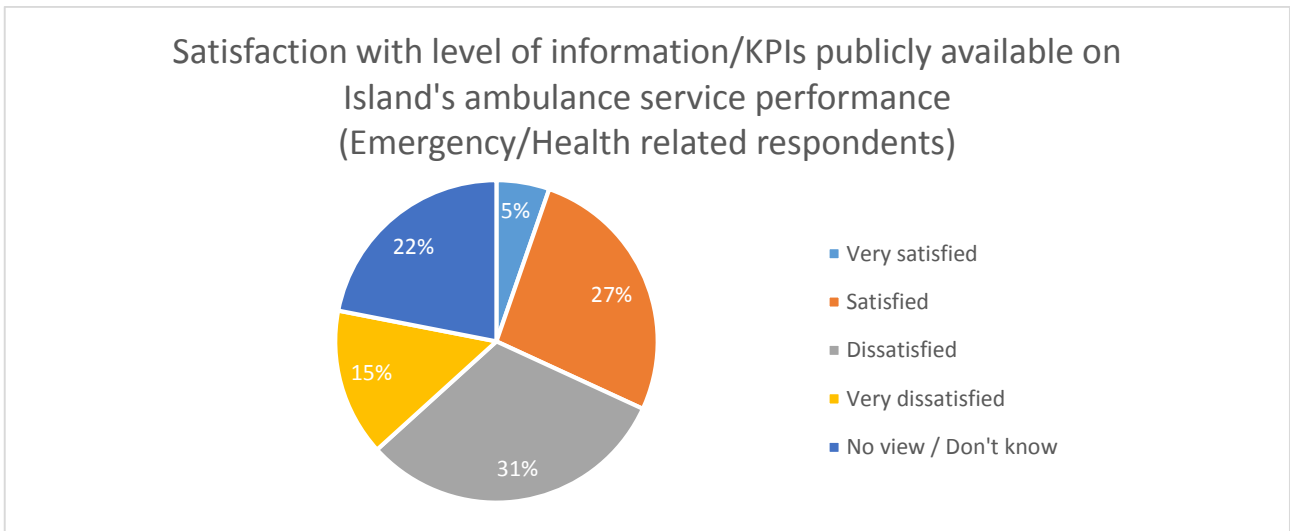


Figure 15

2.3 Non-Emergency Patient Transfers

There is a requirement in Guernsey for patient transfer services to provide pre-arranged transportation for patients to and from hospital and other specialist treatment appointments. A wide range of transport providers currently offer this service, including St John (under contract to the States Health and Social Services Department) and charities with their own vehicles and cost. Charging practices vary widely across the providers.

One in two (51%) of the general public and one in three (30%) of emergency/health related respondents answered 'don't know' to this question.

Of those that did express a view, 78% of the general public (39% of the overall sample in this group) and 60% of emergency/health related respondents (42% of the overall sample in this group) indicated that the current arrangements were adequate. However, 40% (28% of the overall sample) of this latter group did not consider that the present arrangements were adequate (Figures 16 and 17).

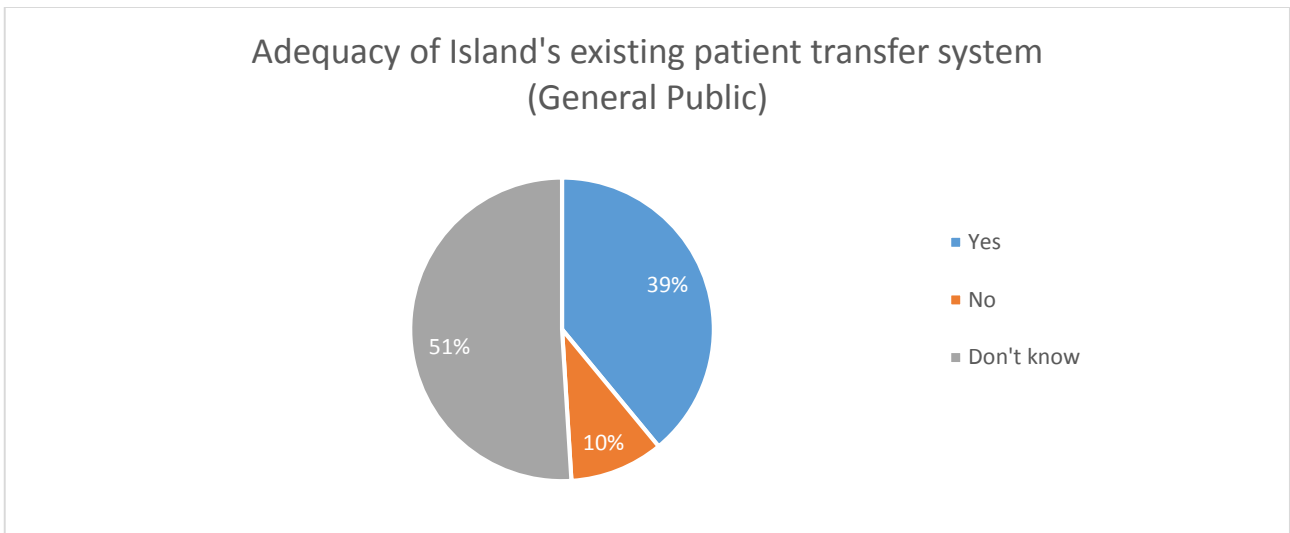


Figure 16

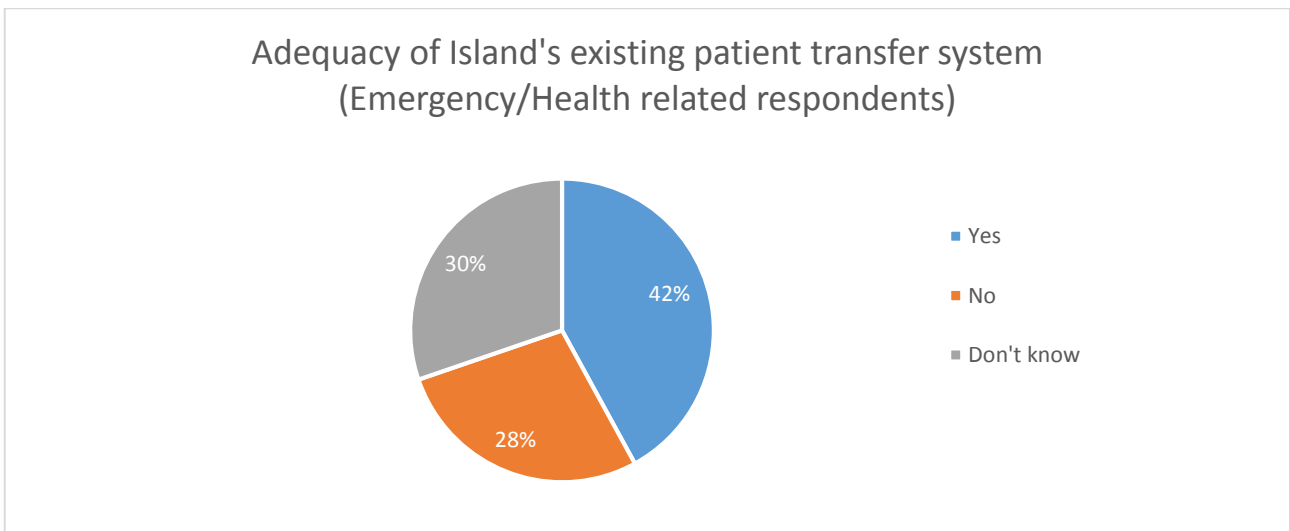


Figure 17

As far as which system respondents considered to be the best booking method for non-emergency transport services in the future, of those members of the general public that did have a firm view, 59% (47% of the overall sample in this group) considered that a central Island booking system covering all services would be most effective for co-ordination and price comparison. 51% of emergency/health related respondents (42% of the overall sample in this group) were of the same opinion (Figures 18 and 19).

41% (34% of the overall sample group) of emergency/health related respondents who had an opinion on this subject stated that charities providing patient transport services should remain independent but St John and HSSD should merge their booking systems as a single service. As far as the general public were concerned 29% (23% of the overall sample in this group) were of the same opinion.

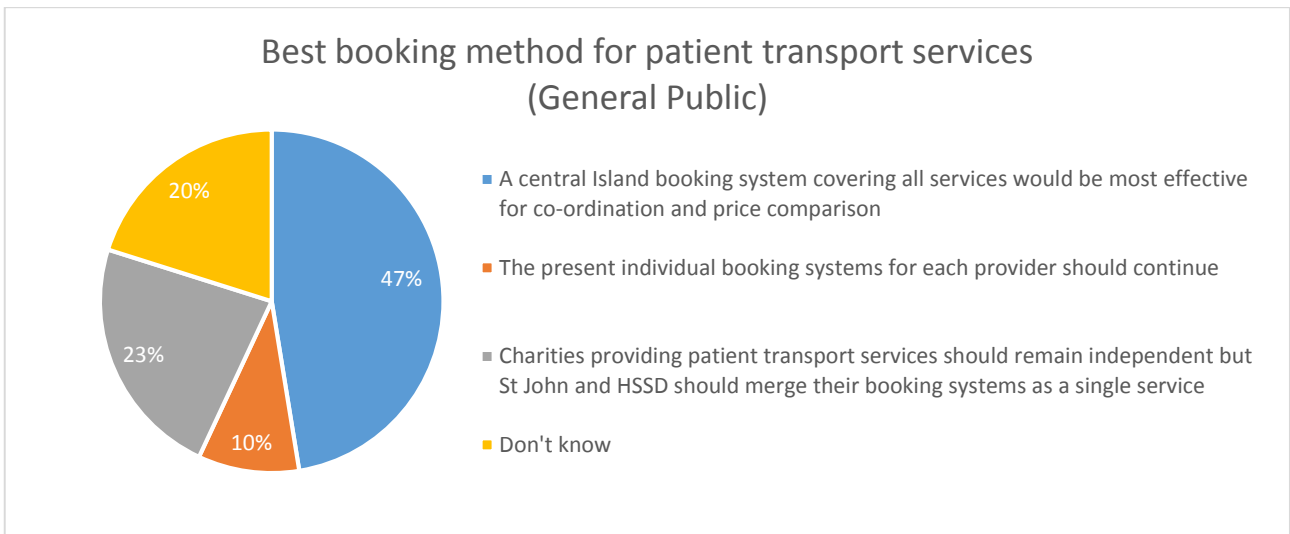


Figure 18

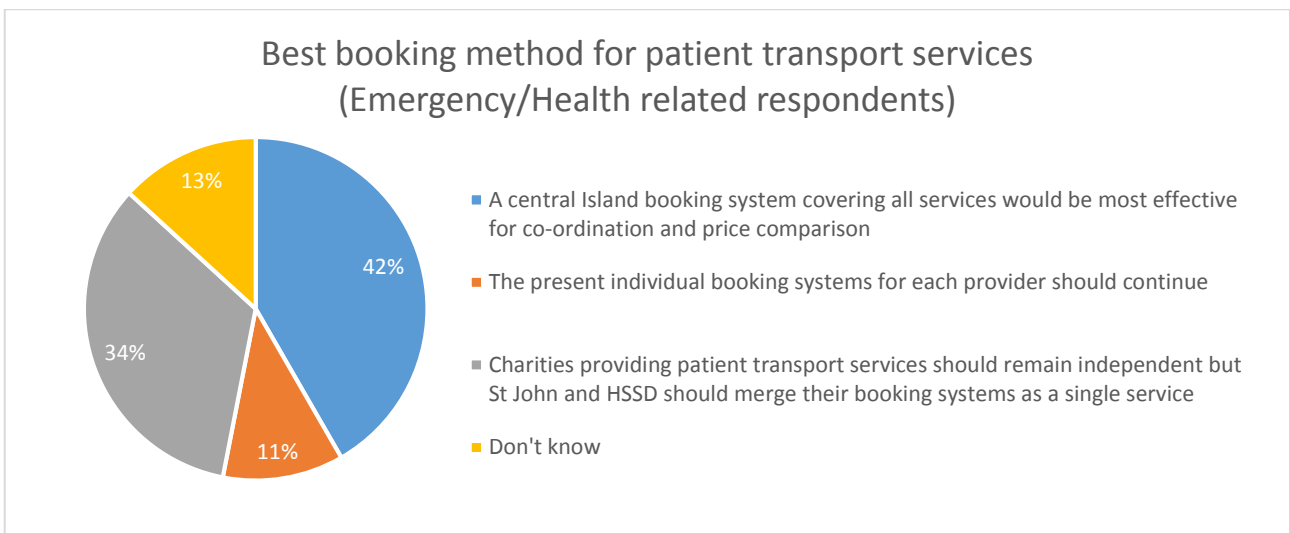


Figure 19

2.4 Addressing Immediate Medical Needs

The UK currently provides a 'Hear & Treat' service through Control Centres which are able to assess patients over the telephone and give them informed advice with regard to medical problems. In Guernsey, investment has been made in a 'Joint Emergency Services Control Centre' spanning medical, fire and police emergencies and it is possible to build such additional services into the Centre.

Only one in ten respondents in each group expressed 'no view' or answered 'don't know' to the provision of a 'hear and treat' service in the Island.

It is interesting to note that very similar percentages were recorded in the responses obtained from each group. Of those that had an opinion on the subject, 55% of the general public (49% of the overall sample in this group) and 55% of emergency/health related respondents (50% of the overall sample in this group) supported a 'Hear and Treat' service (Figures 20 and 21). The majority of those that supported such a scheme considered that the cost of the service should be covered by the States of Guernsey through general taxation. 45% of those in each group who had expressed an opinion were not supportive of a 'Hear and Treat' service.

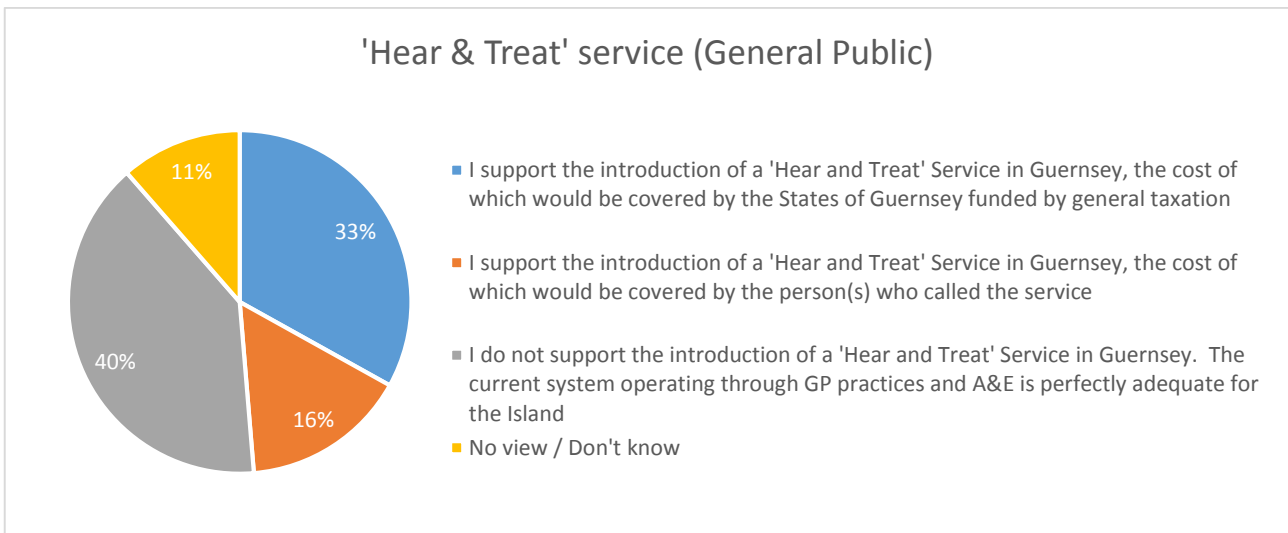


Figure 20

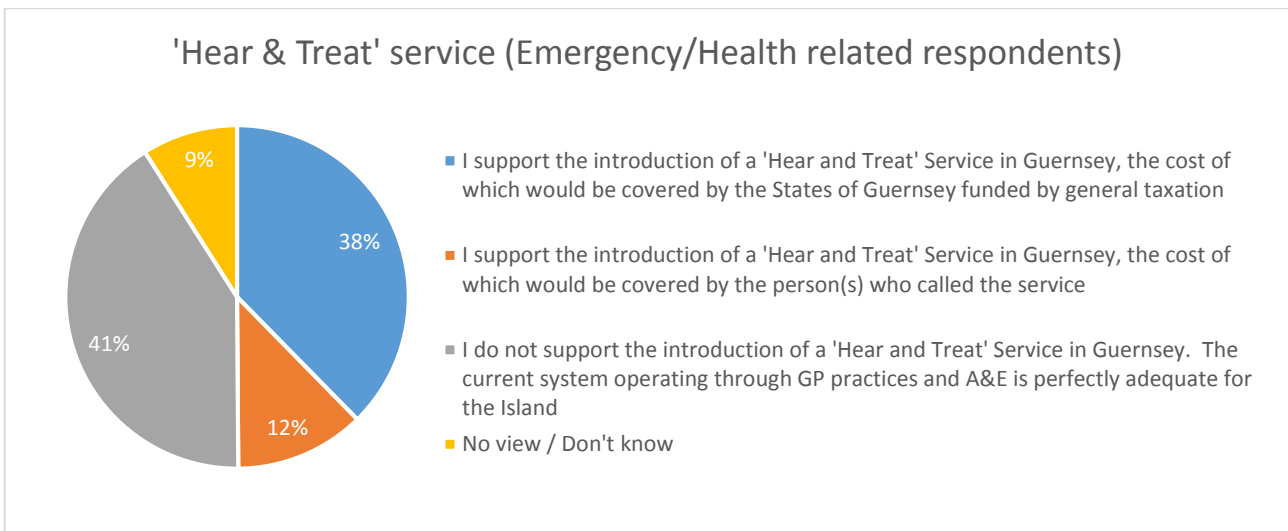


Figure 21

To improve the quality of care and potentially improve efficiency, the introduction of a 'Minor Injuries' and 'Walk-in' centre could be considered. In some jurisdictions, such centres can be based at a hospital and take 'Out of Hours' or other pressures off GP services. In some cases, staffing and resources can be shared with (but prioritised to) full A&E demands.

Respondents were invited to select a statement which best reflected their own views on the subject and the following responses were recorded (Figures 22 and 23). Very few had no view on the subject.

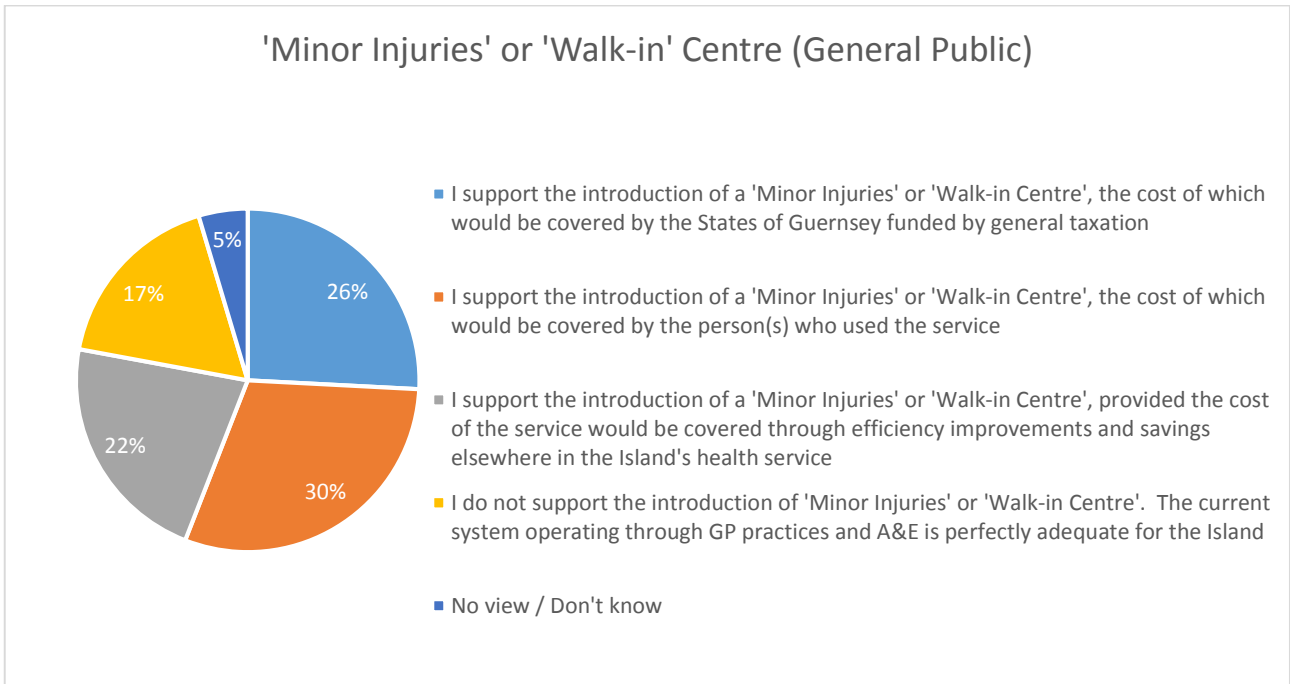


Figure 22

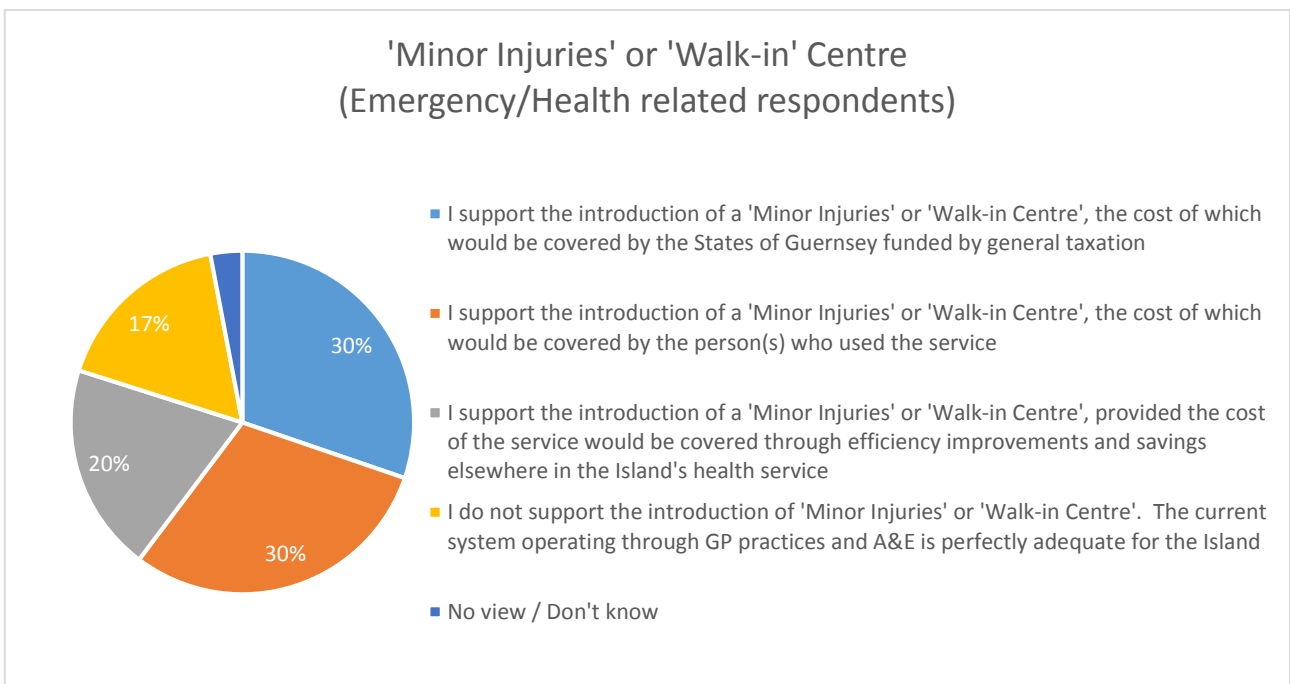


Figure 23

Technology provides further scope for 'tele-medicine', whereby mobile video links to care homes or private homes could further reduce the need for some routine medical visits and/or travel demands on patients. In this regard, respondents were asked whether or not they were in favour of a 'tele-medicine' service being trialled in the Island.

Very similar response levels were recorded in both groups. A sizable minority in both groups were 'not sure' as to how to answer. Of those that did have an opinion, a significant majority in each group were in favour of such a trial (Figures 24 and 25).

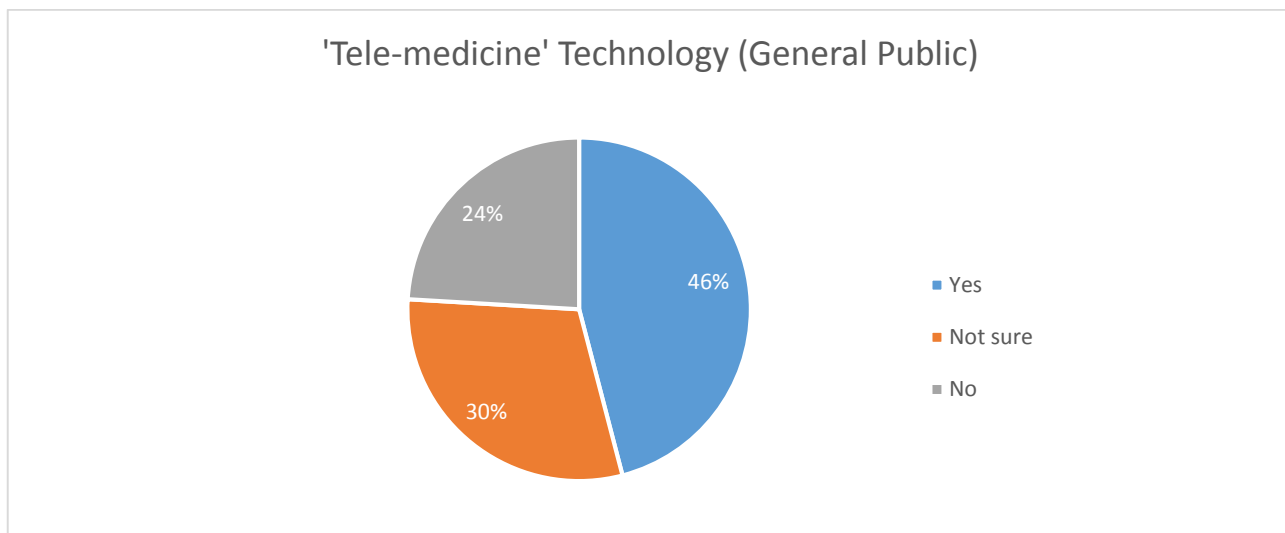


Figure 24

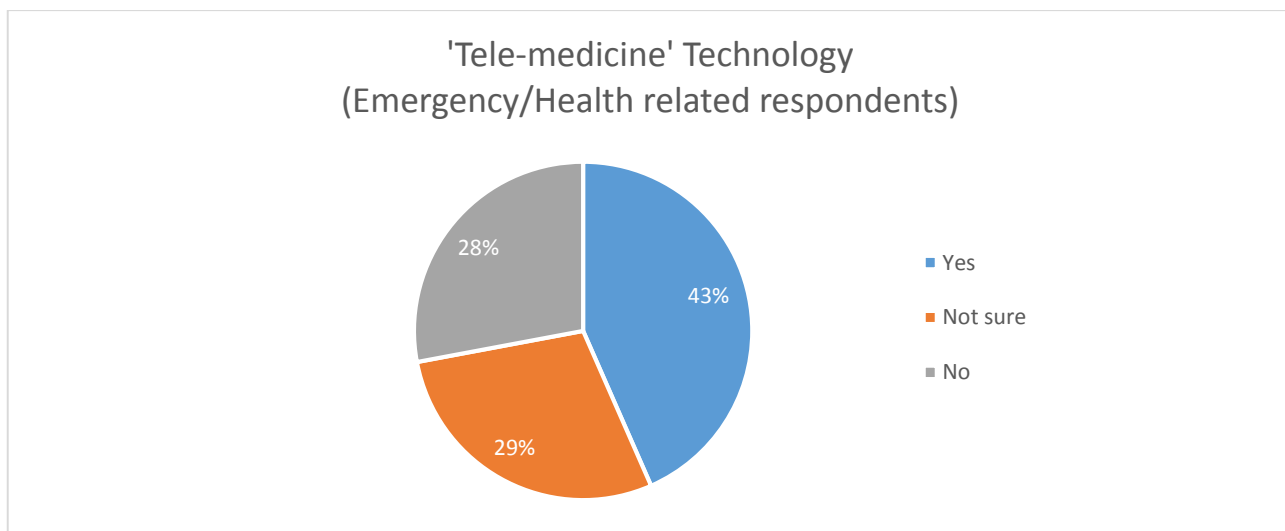


Figure 25

2.5 Use of Medical Records by Registered Health Care Professionals

To facilitate access to patient data in an emergency, the UK uses the Summary Care Record which is a secure, electronic record system that contains key medical information derived from detailed GP records.

The key medical information includes medication, allergies and any previous adverse reactions to medicines. Other information such as significant medical history, care plans, patient wishes or preferences, can be added with the consent of the patient. In addition to the Summary Care Record, all GPs across the UK now offer their patients online access to their medical records through the use of mobile technology, which can be assessed as and when required.

Three out of four respondents in each group supported the option that, subject to their authorisation and restrictions that they wished to apply, their medical records should be available on a central database accessible electronically by all registered healthcare professionals as required (Figures 26 and 27).

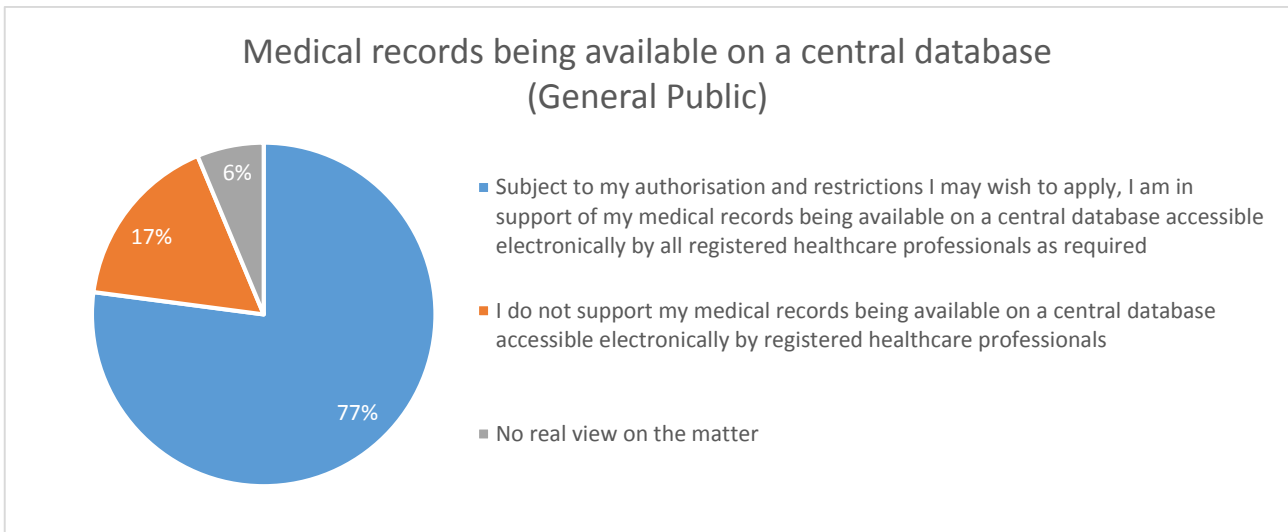


Figure 26

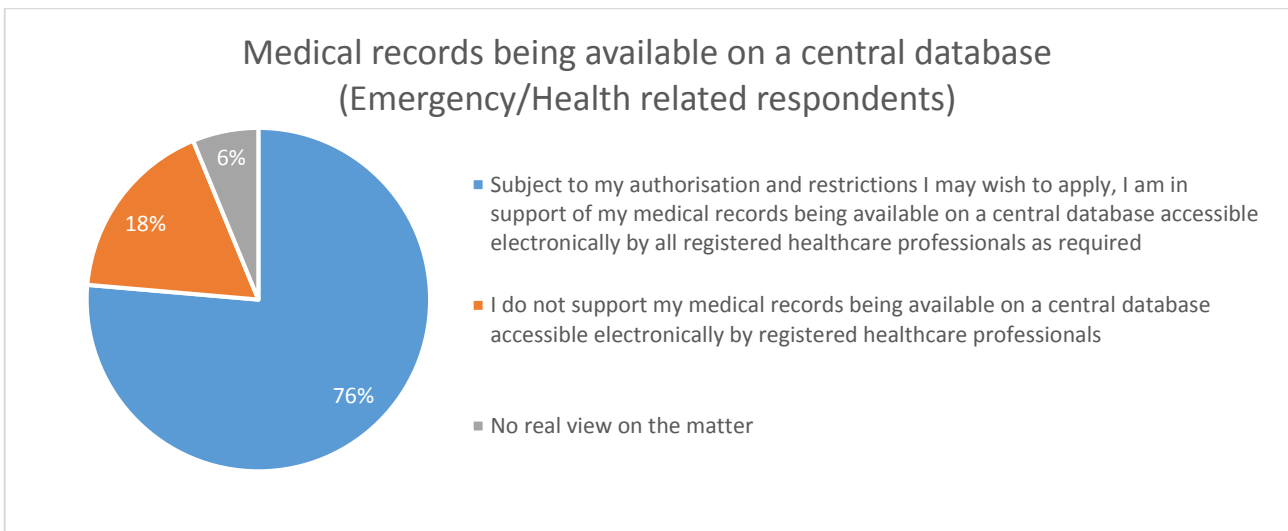


Figure 27

In some jurisdictions, technology offers patients the option of having their key medical records available via their mobile phone so that they might be readily accessible to medical professionals in an emergency.

Of those that had a view on this subject, a sizable majority in both groups were interested in such a facility being introduced in Guernsey in the future. Again, very similar results were recorded in both groups (Figures 28 and 29).

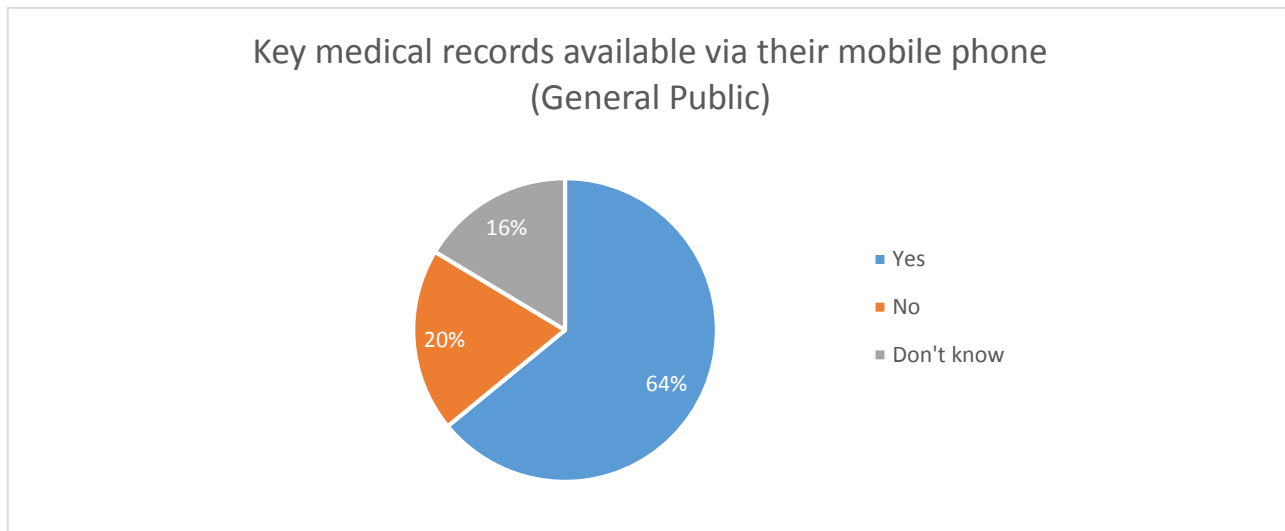


Figure 28

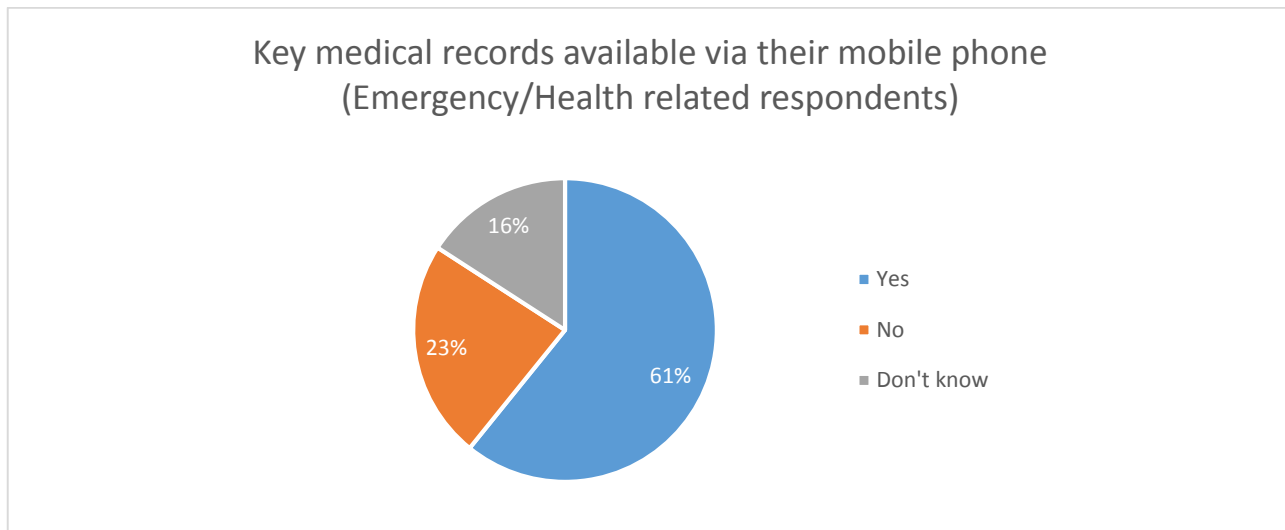


Figure 29

2.6 Collaboration between Emergency Services

Both the UK and Guernsey have seen increasing demand upon their emergency ambulance services. In response, the Guernsey Service has identified best practice off-island involving further collaboration across blue light emergency services. Examples of this include the newly formed Joint Emergency Services Control Centre which is responsible for providing a 24 hours' emergency and service call provision for each of the emergency services including, fire, police and ambulance.

There is a commonality of some skills amongst the blue light services, principally emergency driving and delivering basic life support. Police and Fire officers are trained to deliver CPR/shock which is critical in the first 5-10 minutes of a life at risk call. Whenever possible, Police and Fire personnel respond to life at risk calls in support of the ambulance service. They are not a substitute for the ambulance response, but their location within the Island could mean that they are nearer to the casualty and can administer the critical care within those first minutes of the emergency.

The overwhelming voice of opinion in both groups was supportive or very supportive of such collaboration (Figures 30 and 31) and, again, similar results were recorded in both groups.

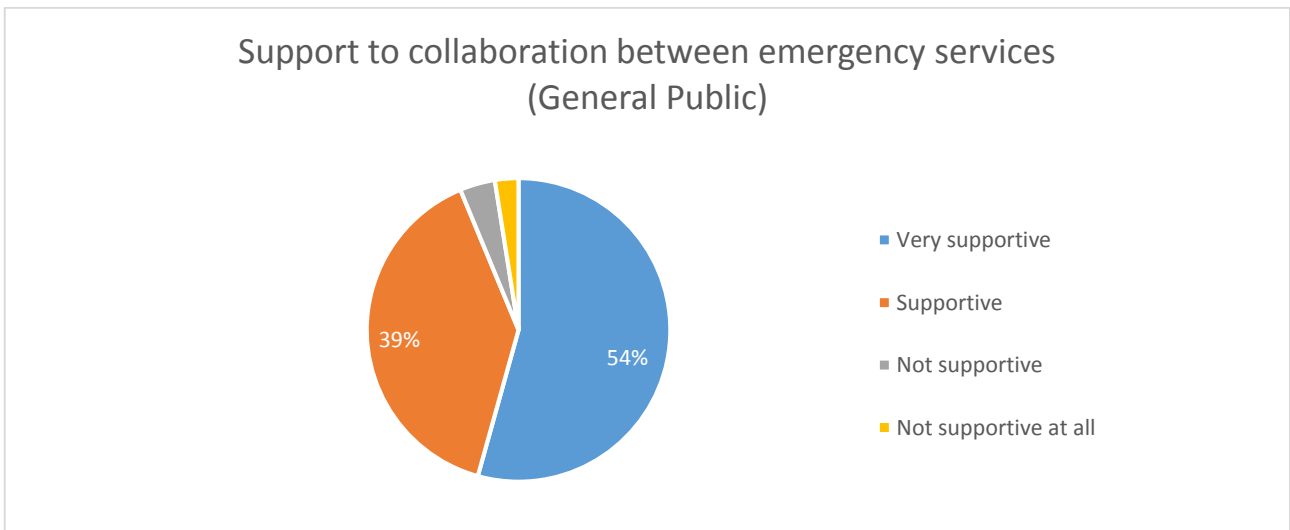


Figure 30

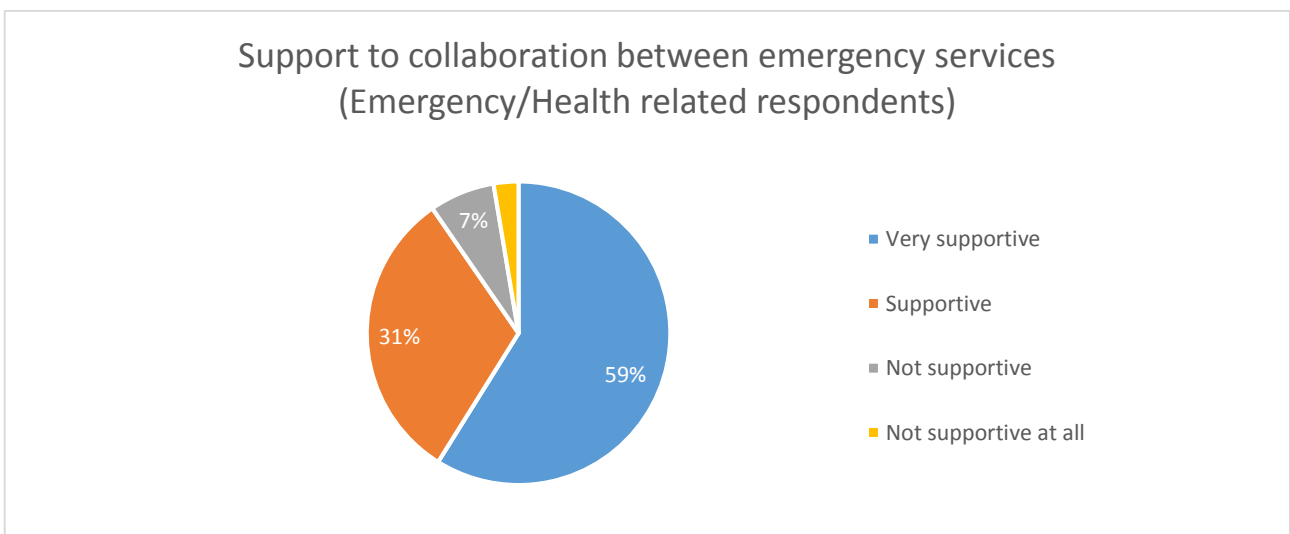


Figure 31