



**West Midlands Ambulance Service**  
University NHS Foundation Trust



## Healthy Staffordshire Select Committee



**Mark Docherty**  
Executive Director of Nursing &  
Clinical Commissioning

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# Information Pack

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## Firmographics

- Established in July 2006 merging with Staffordshire in October 2007
- 5.6 million population (Circa 10.5% of the English population)
- Over 5,000 square miles, 80% rural
- Approaching 5,000 999 calls per day
- 7,500 111 Calls per Day at weekends
- Circa 700,000 Emergency patients conveyed per year
- 1 million Patient Transport journeys annually
- £350 million budget
- Fleet of over 850 vehicles
- 6,500 Staff and 1,000 Volunteers
- 5 x Helicopters





# West Midlands Ambulance Service

University NHS Foundation Trust

## Vision

Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies

## Strategic Objectives

Achieve Quality and Excellence

Accurately assess patient need and direct resources appropriately

Establish market position as an Emergency Healthcare Provider

Work in Partnership

## Strategic Priorities

Business as Usual

New Models of Care

Business Opportunities

Prevention

## Values

- World Class Service
- Patient Centred
- Dignity and Respect for All
- Skilled Workforce
- Teamwork
- Effective Communication

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# West Midlands Ambulance Service

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## Overview

- Only Ambulance Service to consistently achieve all national targets
- Only CQC rated “Outstanding” Ambulance Trust
- WMAS remains the top performing service in the country on multiple measures
- Achieving statutory financial duties. Segmentation 1 (one of only 2)
- Lowest reference cost
- No Paramedic vacancies – circa 2,500 nationally
- Lowest sickness absence rate in country
- Lowest attrition in the country circa 200 per year
- Only Ambulance Service with a Paramedic on every Ambulance
- Best fleet in the country. No vehicle over 5 years old

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## Staffordshire Activity 2019/20



### Contract Monitoring Report - March 2019/2020

#### Assigned Incident Volume Against Contract Volume

		variance: Red = 'above contract' Green = 'within contract'												
		Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	ytd
NHS North Staffordshire CCG	actual	3,309	3,317	3,241	3,368	3,235	3,275	3,578	3,613	3,734	3,365	3,191	3,366	40,592
	contract	3,127	3,367	3,247	3,448	3,207	3,207	3,327	3,367	3,568	3,608	3,247	3,367	40,088
	variance vol +/-	182	-51	-6	-79	28	68	251	246	166	-243	-56	-2	504
	variance % +/-	5.82%	-1.51%	-0.20%	-2.30%	0.86%	2.13%	7.55%	7.31%	4.66%	-6.74%	-1.73%	-0.05%	1.26%
NHS Stoke on Trent CCG	actual	5,149	5,198	5,044	5,437	5,205	5,179	5,476	5,714	6,037	5,232	5,060	5,505	64,234
	contract	5,123	5,517	5,320	5,648	5,254	5,254	5,451	5,517	5,845	5,911	5,320	5,517	65,678
	variance vol +/-	26	-319	-276	-212	-49	-76	25	197	191	-679	-260	-12	-1444
	variance % +/-	0.51%	-5.79%	-5.19%	-3.75%	-0.93%	-1.44%	0.45%	3.57%	3.27%	-11.49%	-4.89%	-0.21%	-2.20%
NHS Cannock Chase CCG	actual	2,176	2,133	2,188	2,304	2,177	2,149	2,290	2,333	2,465	2,273	2,119	2,296	26,902
	contract	2,105	2,266	2,185	2,320	2,159	2,159	2,239	2,266	2,401	2,428	2,185	2,266	26,981
	variance vol +/-	72	-133	3	-17	18	-10	50	66	64	-155	-66	29	-79
	variance % +/-	3.41%	-5.88%	0.12%	-0.73%	0.85%	-0.46%	2.24%	2.92%	2.67%	-6.40%	-3.03%	1.29%	-0.29%
NHS East Staffordshire CCG	actual	1,907	1,882	1,785	1,928	1,883	1,864	1,964	2,065	2,242	1,949	1,943	2,228	23,639
	contract	1,748	1,882	1,815	1,927	1,793	1,793	1,860	1,882	1,994	2,017	1,815	1,882	22,408
	variance vol +/-	159	-1	-30	1	91	71	104	183	248	-67	128	346	1231
	variance % +/-	9.09%	-0.04%	-1.68%	0.04%	5.05%	3.98%	5.60%	9.71%	12.41%	-3.35%	7.03%	18.37%	5.49%
NHS South East Staffs and Seisdon and Peninsular CCG	actual	3,632	3,478	3,403	3,652	3,465	3,312	3,562	3,779	3,964	3,627	3,335	3,595	42,805
	contract	3,461	3,728	3,594	3,816	3,550	3,550	3,683	3,728	3,950	3,994	3,594	3,728	44,376
	variance vol +/-	171	-249	-191	-165	-85	-238	-121	51	14	-366	-259	-132	-1571
	variance % +/-	4.94%	-6.69%	-5.32%	-4.31%	-2.39%	-6.71%	-3.29%	1.38%	0.36%	-9.17%	-7.21%	-3.55%	-3.54%
NHS Stafford and Surrounds CCG	actual	2,443	2,596	2,496	2,749	2,546	2,508	2,489	2,723	3,020	2,608	2,498	2,556	31,232
	contract	2,310	2,487	2,398	2,546	2,369	2,369	2,458	2,487	2,635	2,665	2,398	2,487	29,610
	variance vol +/-	133	109	98	202	177	139	31	236	385	-57	99	69	1622
	variance % +/-	5.76%	4.39%	4.09%	7.95%	7.49%	5.87%	1.28%	9.48%	14.59%	-2.12%	4.13%	2.77%	5.48%
CCG Total	actual	95,729	95,764	94,258	98,638	94,974	94,751	100,224	100,146	106,448	98,424	92,421	107,110	1,178,887
	contract	89,710	96,611	93,160	98,911	92,010	92,010	95,461	96,611	102,361	103,511	93,160	96,611	1,150,127
	variance vol +/-	6,019	-847	1,098	-273	2,964	2,741	4,763	3,535	4,087	-5,087	-739	10,499	28,760
	variance % +/-	6.71%	-0.88%	1.18%	-0.28%	3.22%	2.98%	4.99%	3.66%	3.99%	-4.91%	-0.79%	10.87%	2.50%



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## Staffordshire Performance 2019/20

Category 1	ytd		
	Inc Total	Mean	90th
NHS North Staffordshire CCG	2,219	7:30	13:17
NHS Stoke on Trent CCG	3,786	6:06	9:48
NHS Cannock Chase CCG	1,463	8:24	13:55
NHS East Staffordshire CCG	1,359	8:25	15:19
NHS South East Staffs & Seisdon Peninsular CCG	2,315	8:31	14:16
NHS Stafford and Surrounds CCG	1,738	7:02	12:03
WMAS (inc Out Of Area)	69,463	6:57	12:05

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## Staffordshire Performance 2019/20

Category 2	ytd		
	Inc Total	Mean	90th
NHS North Staffordshire CCG	17,432	14:49	26:55
NHS Stoke on Trent CCG	29,503	11:51	20:32
NHS Cannock Chase CCG	12,357	15:24	25:15
NHS East Staffordshire CCG	10,876	17:50	33:00
NHS South East Staffs & Seisdon Peninsular CCG	19,163	15:23	25:48
NHS Stafford and Surrounds CCG	13,725	13:26	24:04
WMAS (inc Out Of Area)	541,941	13:20	24:37

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## Staffordshire Performance 2019/20

Category 3	ytd		
	Inc Total	Mean	90th
NHS North Staffordshire CCG	14,748	35:00	77:56
NHS Stoke on Trent CCG	21,425	33:38	78:20
NHS Cannock Chase CCG	8,993	42:06	90:40
NHS East Staffordshire CCG	7,437	40:05	87:00
NHS South East Staffs & Seisdon Peninsular CCG	13,957	46:29	103:17
NHS Stafford and Surrounds CCG	10,848	33:28	75:01
WMAS (inc Out Of Area)	373,779	45:22	103:43

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## Staffordshire Performance 2019/20

Category 4	ytd		
	Inc Total	Mean	90th
NHS North Staffordshire CCG	969	42:19	97:38
NHS Stoke on Trent CCG	1,021	46:09	111:57
NHS Cannock Chase CCG	470	66:35	151:16
NHS East Staffordshire CCG	448	51:06	112:39
NHS South East Staffs & Seisdon Peninsular CCG	778	65:08	147:10
NHS Stafford and Surrounds CCG	563	47:29	112:42
WMAS (inc Out Of Area)	16,523	61:15	149:39

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## 999 Call Answering Performance

Trust	April	May	June	July	August	September	October	November	December	January	YTD Total
WMAS	14	13	23	22	33	25	20	55	55	7	267
EoE	83	84	195	378	115	129	179	187	259	67	1676
EMAS	35	43	39	93	66	128	84	139	57	64	748
LAS	238	319	1271	1828	2144	2398	2827	991	731	809	13556
NEAS	70	60	36	83	50	105	105	137	96	39	781
NWAS	538	404	702	624	768	888	530	855	532	680	6521
SCAS	254	301	457	743	224	404	417	267	239	51	3357
SECAMB	225	57	115	304	143	107	141	109	60	12	1273
SWAST	177	185	254	561	554	489	561	402	382	86	3651
YAS	88	54	15	50	63	34	50	201	139	75	769
IoW	26	48	51	64	44	25	22	17	17	7	321
Scotland	678	950	1940	1947	2075	1614	1536	1957	2232	701	15630
Wales	85	85	128	240	231	152	117	172	47	2	1259

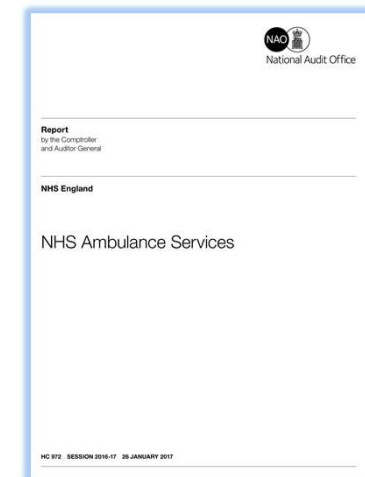
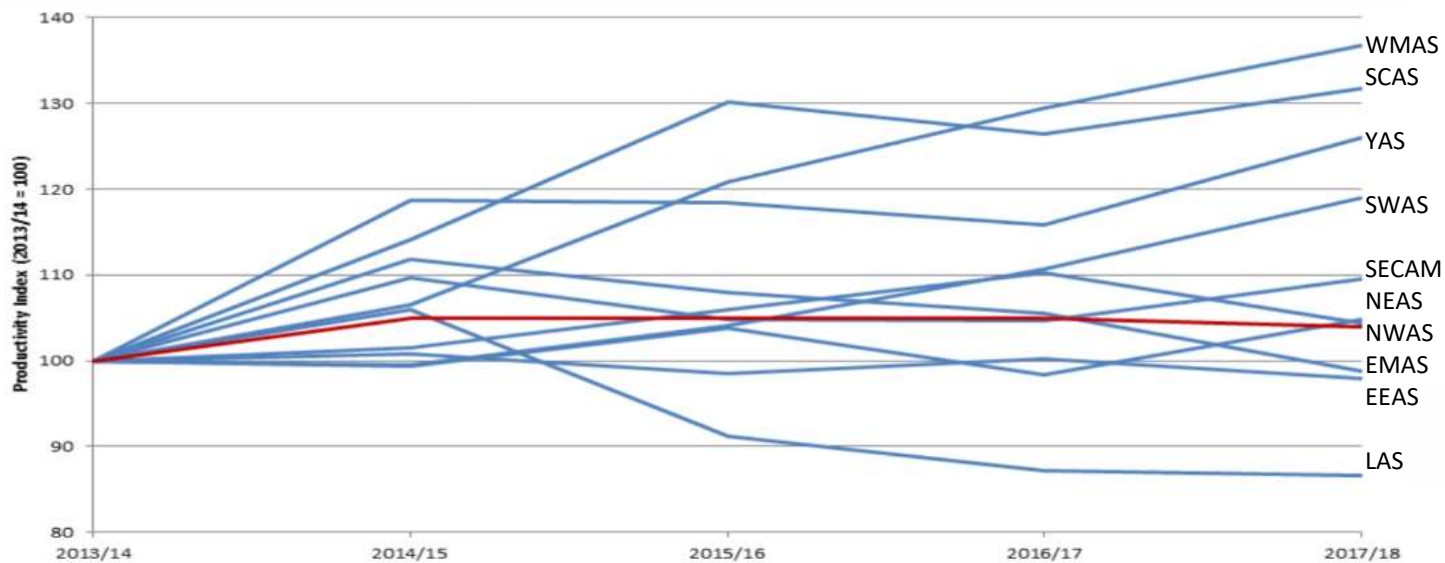
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## Overview

- The Trust has always been at the forefront of innovation and two reports, one from the National Audit Office and one from Lord Carter for NHS Improvement, both rated WMAS as the most efficient service in the country, with lowest costs and highest performance.

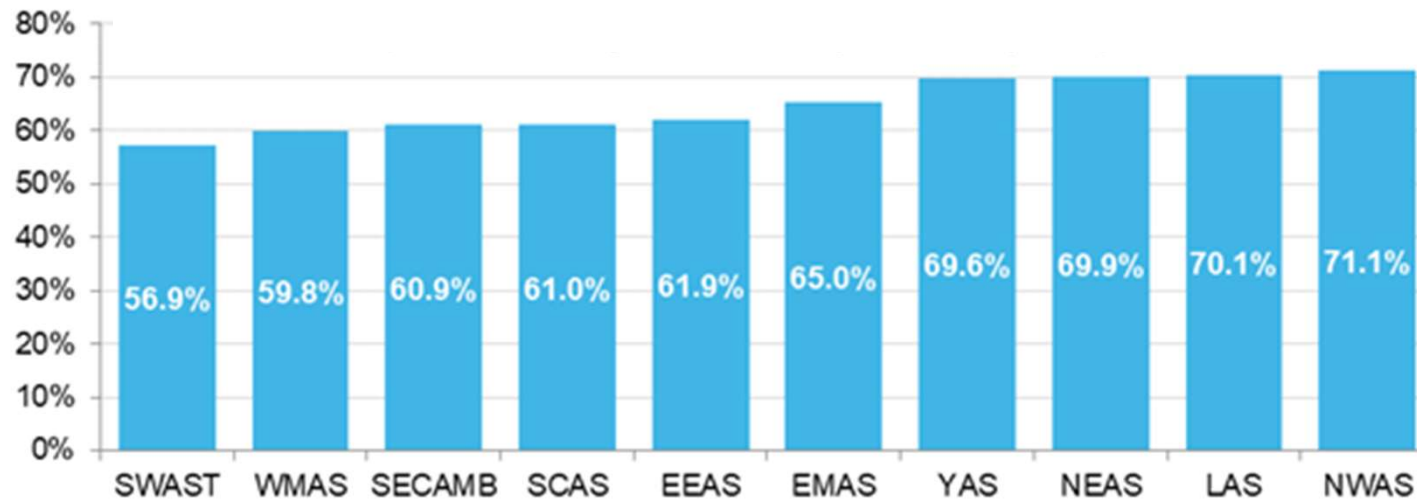
Ambulance Productivity - Lord Carter Report







## Patients conveyed to all health care settings



Source- Lord Carter Report 2018



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## Care Quality Commission

Outstanding 

Rated Outstanding for the second time in 2019

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## Ratings

Overall rating for this trust

Outstanding

Are services safe?

Good

Are services effective?

Outstanding

Are services caring?

Outstanding

Are services responsive?

Outstanding

Are services well-led?

Outstanding

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good ↔	Outstanding ↔	Outstanding ↔	Outstanding ↑	Outstanding ↑↑	Outstanding ↑
Patient transport services	Good ↑	Good ↑	Good ↔	Good ↔	Good ↑	Good ↑
Emergency operations centre	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017
Resilience	Good	Outstanding Jan 2017	Not rated	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
<b>Overall</b>	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

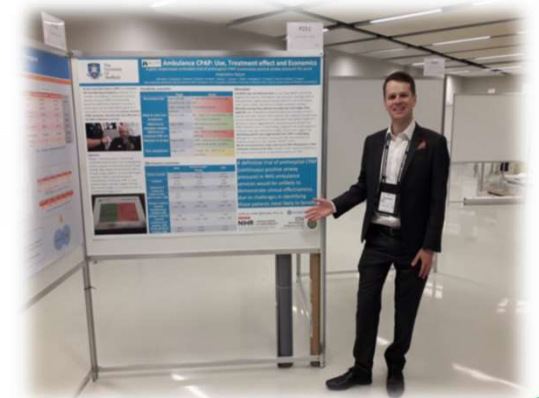
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# West Midlands Ambulance Service

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## University Accreditation

- The only University Accredited Ambulance Service in England
- Establish the Ambulance Service as a graduate entry profession
- Research contributes to saving more lives
- WMAS hosted Ambulance National Research Conference
- All 5 universities have signed the university MOU
- Increasing evidence base to inform future best practice
- Major incident command training i.e.
  - Master's Degree
  - Doctoral students
  - NARU command training and competency accreditation
- Leadership MSc and MBA's



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## Investment

- The Trust is the only ambulance service to have a paramedic on every ambulance
- In 2019-20, we have recruited 78 graduate paramedics and 310 student paramedics
- Next year (2020-21), our plan is to recruit at least a further 90 graduate paramedics and 160 student paramedics
- Over the last 12 months, the Trust Board agreed to invest £1.5 million to increase the size of the A&E ambulance fleet
- An additional 15 ambulances were brought in taking the A&E fleet to 480. This is a programme that has been ongoing for some time
- Only the previous year, the Trust increased the number of double crewed ambulances to 450, but due to the huge increases in incidents, it was felt that that number needed to be increased still further
- This is continuously under review. In practical terms, the Trust puts out over 400 crews at peak times



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## The Hubs

Our Hubs have dedicated:

- Changing rooms
- Learning areas for staff
- Training rooms
- Better facilities including Quiet Rooms
- Access to their Operations Manager on site 24 hours a day
- Make Ready, restocking and cleaning
- Mechanics



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## Make Ready

- Make Ready Hubs maximises the use of ambulances and clinical staff time to respond to patients
- A team of mechanics and vehicle preparation operatives who clean, restock and service ambulances so that Paramedics are immediately available for staff to respond to incidents
- Traditional ambulance stations, as used by many other services require clinicians to take time out from treating patients to clean and restock their ambulances and response cars, thus reducing the amount of time they are available to respond to patients. WMAS has a dedicated team on every hub



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## Ambulance investment

- WMAS has significantly increased the number of ambulances and reduced the number of response cars
- For example, five years ago, we would have had around 200 ambulances and 120 cars on duty at peak
- Today, it is over 400 ambulances and a handful of specialist resources such as doctors and critical care paramedic on cars
- There are no Paramedic rapid response cars in the region



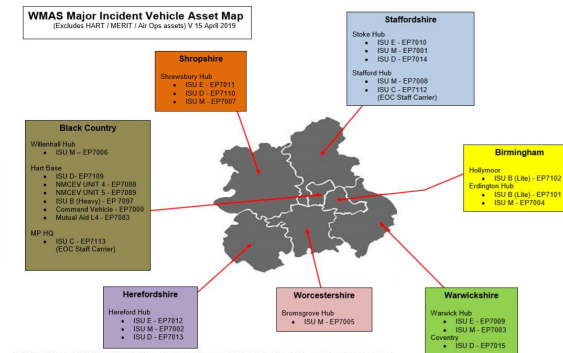


## Vehicles

- Newest fleet in the country, no E&U or PTS vehicles over 5 years old- with the latest available satellite navigation software installed



- Significant investment in Major Incident Fleet upgrade





## Operating Model

- In 2017 NHS England introduced the Ambulance Response Programme. This changed the way in which ambulance services were measured. The Programme primarily focuses on the outcome for patients. Previously, the standards focused on stopping the clock as the main way of monitoring performance
- As a result of this change, WMAS has significantly increased the number of ambulances and reduced the number of response cars
- The Trust is now sufficiently busy that ambulances, once they leave the hub at the start of their shift, will only return for a mealbreak, go out again for the second half of their shift and then only return at the end of it
- It therefore makes no sense to plough money into buildings that are rarely if ever used other than at the beginning or end of shifts
- The fact that we remain the only ambulance service to be consistently exceeding performance standards would suggest that this policy is working



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## Operating Model

- On average, over the last 15 years, demand has increased by 5% per annum
- West Midlands Ambulance Service respond to over 1 million incidents, answering about 1.3 million 999 calls per annum
- Despite this, the Trust has worked tirelessly to drive down costs so that as much money as possible can be invested in ambulances and paramedics, so that patients get the best care possible
- Part of this has been to look at the estate that we have and whether it still represents value for money

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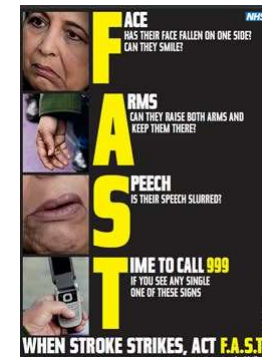


## Operating Model

We now have slightly longer to respond to a stroke patient, but it has to be an ambulance that gets there. Previously a rapid response car could have got there quickly but the single paramedic then had to wait for a back-up ambulance to arrive to transport the patient to hospital.

What the statistics clearly show is that stroke patients now get to definitive treatment at a hyperacute stroke unit more quickly than they did before, thus giving the patient a better outcome, even though it takes a couple of minutes longer for the initial response to arrive.

This also applies to major trauma cases. In addition, the current model is also more efficient as only one vehicle is sent rather than two as the ambulance is able to assess and transport if appropriate.



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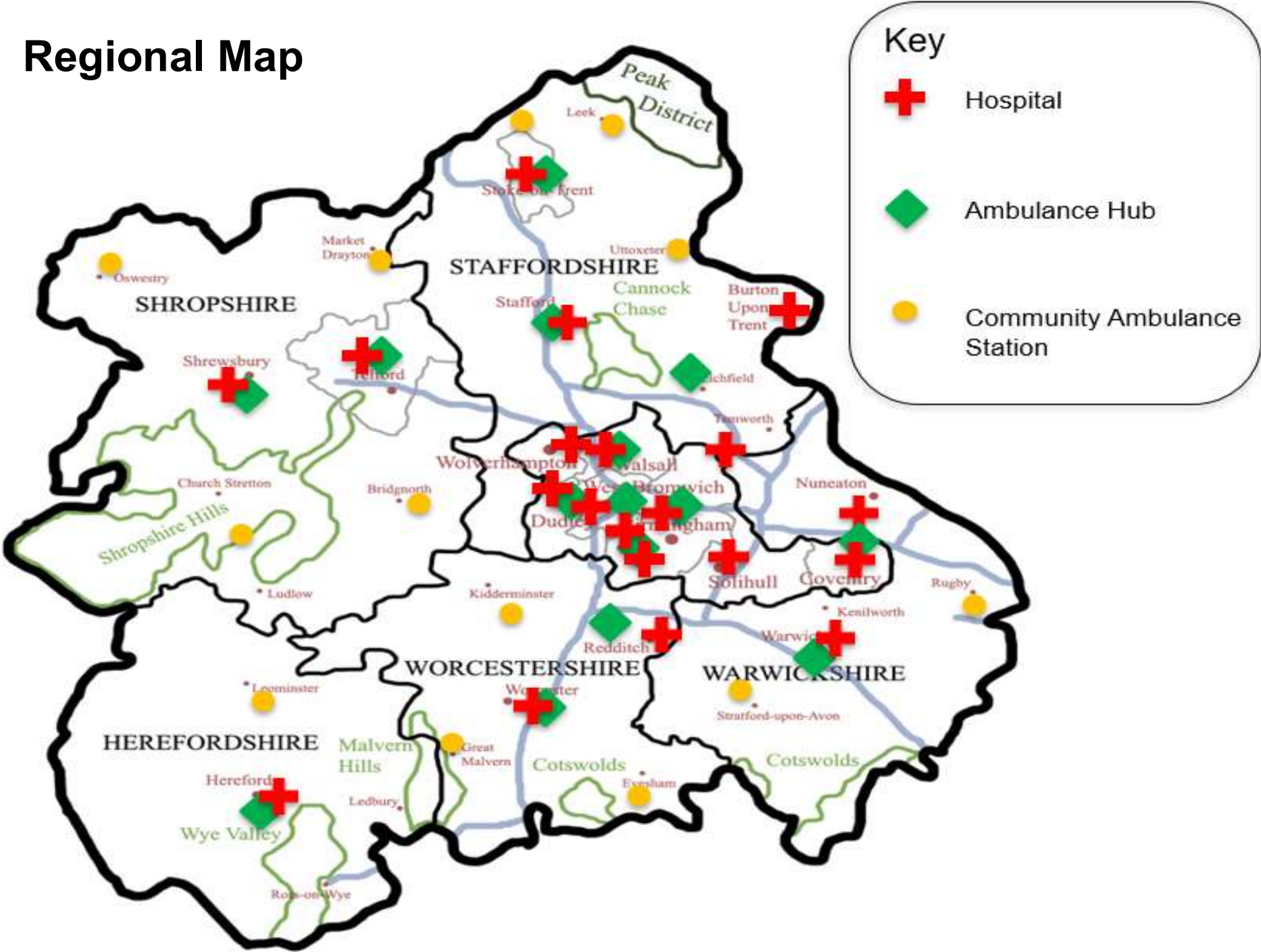
## Operating Model

- Buildings do not save lives; Paramedics with Ambulances do
- The Trust Board has been very clear that it wishes to maximise the resources available for patients while minimising the amount of money spent on other items
- As a result, we have been closing community ambulance stations where they are simply no value for money, investing the money saved into additional Paramedics and ambulances



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# Regional Map





## Assistance from around the region

Between the 1st April 2019 to 19th Jan 2020:

The number of cases  
Staffordshire Crews  
responding outside of  
Staffordshire 11,348



Number of cases non  
Staffordshire Crews  
responding in  
Staffordshire 18,695

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## How Can We Really Save More Lives?

The Trust has listened to the comments of local people who have raised concerns that lives could be lost in the case of say a cardiac arrest.

In reality, we know from the data that currently there is no certainty that a Cheadle car would be available in the area. Even if it was, the one thing that will save more lives than any number of ambulances or cars is members of the public learning CPR (cardiopulmonary resuscitation) and an increase in the number of defibrillators in the town.

A Category one call requires us to reach 50% of calls in 7 minutes and 90% in 15 minutes. Early CPR and defibrillation will substantially improve survival rates.

For every minute after the heart stops beating and no-one is doing CPR, the chance of survival drops by 10%.





# West Midlands Ambulance Service

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## How Can We Really Save More Lives?

This is one of the reasons the Trust is working so hard to train more members of the public in CPR. Last October on 'Restart a Heart Day', we trained over 60,000 people in the skill.



We have also seen the number of defibrillators rise significantly. We are also proud to be the lead site for the new national defibrillator network, the Circuit, which is being rolled out by the British Heart Foundation. This will map the location of every defibrillator in the West Midlands and then the rest of the country. The dispatchers within our control centres will have access to this data and be able to direct members of the public to these lifesaving machines.



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# West Midlands Ambulance Service

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# Community First Responders



## Improvements to CFR Provision

### Background

Ambulance services have operated with Community First Responders (CFRs) for many years in mainly rural areas and they play a vital role in responding to the highest priority 999 calls whilst paramedics are en-route. These volunteers have been in place since the 1990s and were originally set up to respond to cardiac arrest cases. Today, thousands of members of the public across the UK have trained and respond to patients every single day and have repeatedly helped save lives.

While there is a little variation, the most common scope of practice for CFRs is to be trained in CPR (cardio-pulmonary resuscitation), defibrillation using an automated machine along with basic first aid skills. Currently, around 400 of the 500 CFRs in the West Midlands have this level of training; this includes a number of CFRs in Staffordshire. This model is also in place in most of the country.

### Staffordshire

Although Staffordshire initially followed the same model as all other ambulance services, they developed enhanced schemes that were based mainly in the most rural locations. The volunteers agreed to undertake extensive additional training which allowed them to use a range of drugs and also undertook training that allowed them to use vehicles that looked the same as ambulance response cars and were equipped with Battenberg livery as well as blue lights and sirens. However, they were not able to claim the same exemptions as ambulance staff e.g. breaking the speed limit or going through a red light, as their level of training was not to the same level. This inevitably led to confusion amongst some road users.

In the legacy arrangements there are still 68 enhanced level CFRs in Staffordshire who are able to use a range of drugs including adrenaline, aspirin, GTN, salbutamol, glucagon and Entonox to patients. There are still 56 who use blue lights. Just 48 are dual trained in both use of blue lights and the use of additional drugs.

### Changes in Legislation

The decision to change the scope of practice in Staffordshire was taken due to changes in legislation. Section 19 of the Road Traffic Act, which was originally enacted in 2006, will come into force later this year. The Government took representations from a wide range of individuals and groups, including CFRs, but has concluded that the changes will go ahead. These are:

- CFRs, along with a number of other groups, will no longer be able to use blue lights. This change also brings changes to all blue light services including the ambulance service.
- CFR schemes may not use green and yellow Battenberg livery. The Trust is encouraging them to use a green and orange livery, which we specifically designed to meet the legislation and give them their own identity. It was introduced around four years ago and has been adopted by a number of other ambulance services.

These changes have nothing to do with West Midlands Ambulance Service. While it is true that we are implementing these changes before the deadline, we want to make sure that this is done in a controlled manner which protects CFRs and patients alike.

### Removal of drugs

Whilst it is true that we are removing certain drugs from CFRs, the number of times they are used is extremely small. In 2019, there were circa 200,000 incidents in Staffordshire of which CFRs attended just under 5,200. Of the six drugs being removed, only 98 patients received drugs from one of the CFRs. It is also worth noting that the removal of these drugs from the CFRs does not mean that the patient won't get those drugs, it is just that it will be given by the ambulance crew as they do in 99.95% of cases currently.

There is also a misconception on whether these drugs are 'lifesaving'. While all those being removed from the CFRs are useful and good for patient care, none are required to be given immediately. An ambulance will always be sent if a CFR is dispatched and they always carry these drugs e.g. GTN and aspirin for a heart attack patient. Equally, the adrenaline carried is for anaphylaxis patients, who almost all carry their own 'epi-pen' which the CFRs are trained to find and use.

The reason the numbers of times these drugs are given is so small is down to the speed at which CFRs are backed up by WMAS paramedic ambulance crews. For Category 1 calls in Staffordshire, an ambulance will back up a CFR in on average in seven minutes, 54 seconds; for a Category 2 call, that time is 13 minutes, 41 seconds. In most cases, the CFRs don't have a chance to take the patient's history and do their basic checks before the ambulance crew arrives so in almost all cases, patients will not see any difference in the care they are given.

### Enhanced Training

The Trust has been working with Futurequals, one of the UK's most progressive awarding and end-point assessment organisations, to develop a new and improved training package which, for the first time, will provide a regulated qualification. It also means that all CFRs in the West Midlands will be trained to the same level by the Trust's Education and Training team, based at the National Ambulance Training Academy in Brierley Hill, the only education centre of its kind to be rated 'Good' by Ofsted, the highest rating possible.

The changes will not only protect patients with the enhanced clinical governance arrangement but will ensure CFRs are also protected through the qualification and training improvements.

### Future of CFRs

We are aware that some enhanced CFRs will be disappointed by the changes after having worked so hard to gain their qualification; some may indeed choose to stop responding. However, we are aware of a number of people who were put off training as a CFR by the advanced nature of the schemes in Staffordshire. We fully expect to increase the numbers of CFRs operating within the West Midlands due to the changes being introduced.

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## Community First Responders



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### How will we use CFRs in the future?

We have a clear and well thought through plan on how CFRs can continue to play a lifesaving role within the West Midlands. We are committed to targeting their time to responding to the most seriously ill patients, in the way that tens of thousands of CFRs throughout our country do on a daily basis; the way in which these schemes were initially set up. Moving forward they will only be sent to Category 1 and 2 patients. This will allow us to make a real difference to the clinical care provided to patients and save lives.

### Increasing Number of AEDs

The Trust continues to promote the use and availability of publicly accessible AEDs in the community. Last year, we took part in the Resuscitation Council / British Heart Foundation 'Restart a Heart' program where WMAS staff work with CFRs to teach basic life support to the wider public. Last year we trained 67,000 people basic lifesaving skills.

### Conclusion

CFRs play a key role in protecting local communities, particularly in rural areas and we are incredibly proud of the work that they do; they truly are lifesavers. We want to enhance that by increasing the number of CFRs, using a consistent model of response, so that we can save even more lives.

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# Community First Responders



## Improvements to CFR Provision

### Background

Ambulance services have operated with Community First Responders (CFRs) for many years in mainly rural areas and they play a vital role in responding to the highest priority 999 calls whilst paramedics are en-route. These volunteers have been in place since the 1990s and were originally set up to respond to cardiac arrest cases. Today, thousands of members of the public across the UK have trained and respond to patients every single day and have repeatedly helped save lives.

While there is a little variation, the most common scope of practice for CFRs is to be trained in CPR (cardio-pulmonary resuscitation), defibrillation using an automated machine along with basic first aid skills. Currently, around 400 of the 500 CFRs in the West Midlands have this level of training; this includes a number of CFRs in Staffordshire. This model is also in place in most of the country.

### Staffordshire

Although Staffordshire initially followed the same model as all other ambulance services, they developed enhanced schemes that were based mainly in the most rural locations. The volunteers agreed to undertake extensive additional training which allowed them to use a range of drugs and also undertook training that allowed them to use vehicles that looked the same as ambulance response cars and were equipped with Battenberg livery as well as blue lights and sirens. However, they were not able to claim the same exemptions as ambulance staff e.g. breaking the speed limit or going through a red light, as their level of training was not to the same level. This inevitably led to confusion amongst some road users.

In the legacy arrangements there are still 68 enhanced level CFRs in Staffordshire who are able to use a range of drugs including adrenaline, aspirin, GTN, salbutamol, glucagon and Entonox to patients. There are still 56 who use blue lights. Just 48 are dual trained in both use of blue lights and the use of additional drugs.

### Changes in Legislation

The decision to change the scope of practice in Staffordshire was taken due to changes in legislation. Section 19 of the Road Traffic Act, which was originally enacted in 2006, will come into force later this year. The Government took representations from a wide range of individuals and groups, including CFRs, but has concluded that the changes will go ahead. These are:

- CFRs, along with a number of other groups, will no longer be able to use blue lights. This change also brings changes to all blue light services including the ambulance service.
- CFR schemes may not use green and yellow Battenberg livery. The Trust is encouraging them to use a green and orange livery, which we specifically designed to meet the legislation and give them their own identity. It was introduced around four years ago and has been adopted by a number of other ambulance services.

These changes have nothing to do with West Midlands Ambulance Service. While it is true that we are implementing these changes before the deadline, we want to make sure that this is done in a controlled manner which protects CFRs and patients alike.

### Removal of drugs

Whilst it is true that we are removing certain drugs from CFRs, the number of times they are used is extremely small. In 2019, there were circa 200,000 incidents in Staffordshire of which CFRs attended just under 5,200. Of the six drugs being removed, only 98 patients received drugs from one of the CFRs. It is also worth noting that the removal of these drugs from the CFRs does not mean that the patient won't get those drugs, it is just that it will be given by the ambulance crew as they do in 99.95% of cases currently.

There is also a misconception on whether these drugs are 'lifesaving'. While all those being removed from the CFRs are useful and good for patient care, none are required to be given immediately. An ambulance will always be sent if a CFR is dispatched and they always carry these drugs e.g. GTN and aspirin for a heart attack patient. Equally, the adrenaline carried is for anaphylaxis patients, who almost all carry their own 'epi-pen' which the CFRs are trained to find and use.

The reason the numbers of times these drugs are given is so small is down to the speed at which CFRs are backed up by WMAS paramedic ambulance crews. For Category 1 calls in Staffordshire, an ambulance will back up a CFR in on average in seven minutes, 54 seconds; for a Category 2 call, that time is 13 minutes, 41 seconds. In most cases, the CFRs don't have a chance to take the patient's history and do their basic checks before the ambulance crew arrives so in almost all cases, patients will not see any difference in the care they are given.

### Enhanced Training

The Trust has been working with Futurequals, one of the UK's most progressive awarding and end-point assessment organisations, to develop a new and improved training package which, for the first time, will provide a regulated qualification. It also means that all CFRs in the West Midlands will be trained to the same level by the Trust's Education and Training team, based at the National Ambulance Training Academy in Brierley Hill, the only education centre of its kind to be rated 'Good' by Ofsted, the highest rating possible.

The changes will not only protect patients with the enhanced clinical governance arrangement but will ensure CFRs are also protected through the qualification and training improvements.

### Future of CFRs

We are aware that some enhanced CFRs will be disappointed by the changes after having worked so hard to gain their qualification; some may indeed choose to stop responding. However, we are aware of a number of people who were put off training as a CFR by the advanced nature of the schemes in Staffordshire. We fully expect to increase the numbers of CFRs operating within the West Midlands due to the changes being introduced.

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# West Midlands Ambulance Service

University NHS Foundation Trust



## COVID Update – Levels of Hospital Conveyance

March 2020			Hear & Treat		See & Treat		See & Convey		Conveyed To ED		Conveyed To Non ED	
CCG	Call Volume	AQI Incident Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
NHS Stoke on Trent CCG	5,727	4,968	329	6.6%	2,480	49.9%	2,159	43.5%	1,855	37.3%	304	6.1%
NHS Cannock Chase CCG	2,445	2,088	130	6.2%	968	46.4%	990	47.4%	915	43.8%	75	3.6%
NHS East Staffordshire CCG	2,440	1,985	135	6.8%	864	43.5%	986	49.7%	827	41.7%	159	8.0%
NHS South East Staffs & Seisdon Peninsular CCG	3,946	3,239	170	5.2%	1,499	46.3%	1,570	48.5%	1,460	45.1%	110	3.4%
NHS Stafford and Surrounds CCG	2,700	2,294	114	5.0%	1,072	46.7%	1,108	48.3%	983	42.9%	125	5.4%
CCG Total	116,394	95,941	6,708	7.0%	41,385	43.1%	47,848	49.9%	44,146	46.0%	3,702	3.9%

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Any questions?

Thank you

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