

West Midlands Ambulance Service NHS Trust

An alternative proposal to re-configure West Midlands Ambulance Emergency Operations Centres to improve patient care, resilience and efficiency for the taxpayer.

Supported by:

**Sir Michael Spicer, Member of Parliament for West
Worcestershire**

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**Harriett Baldwin, Conservative Parliamentary Candidate, West
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Key features of this proposal:

- 5 emergency call centres maintained in the West Midlands region to maximise resilience and local knowledge.
- Expansion of Bransford and Stafford to balance Brierley Hill and create a resilient “three-legged stool” of call centres.
- New virtual call centre technology implemented, ending current unsafe fallback arrangements.
- Cost neutral to current proposals (as far as can be determined with the limited financial information provided by the Trust).
- Bransford and Shrewsbury sold and leased back like the other sites.
- A call for the proposal to enhance links with neighbouring Trusts.

1. Introduction

On July 1st 2006 English ambulance services were merged to form regional trusts. In the West Midlands Coventry & Warwickshire, Hereford and Worcestershire and the West Midlands and Shropshire Trusts were merged. On October 1st 2007, the Staffordshire Ambulance Service will also be amalgamated into the new West Midlands Ambulance Service.

This proposal aims to achieve a world class ambulance service in the West Midlands region for all patients, whether they live in the centre of Birmingham or in the remotest part of Herefordshire or Worcestershire.

2. Current Situation

Within the area to be covered by the West Midlands Ambulance Service, there will be 5 standalone EOCs, each with different computer aided dispatch systems that cannot be linked together. Dispatchers work on a divisional basis by geographic areas and treat each area's ambulances independently. The exception to this is Shrewsbury and Brierley Hill, which share their infrastructure.

All of the EOCs, except Shropshire, have a fallback facility 'mothballed' should there be a catastrophic failure. For example, the Bransford EOC uses the Bromsgrove ambulance station as its fallback. These fallback facilities are "cold" and not fit for purpose.

A digital Ambulance radio Project is being introduced.

The Trust is almost at capacity in terms of seat numbers.

The EOCs vary in size, with 4 seats in Shropshire and 30 seats at Brierley Hill.

3. Planning for the future

The current situation is not sustainable for a number of reasons:

- Call growth is expected to be 4 – 8% per annum, thus seats will need to double over 10 years.
- Fallback facilities are not fit for purpose and resilience is not adequate in the event of a catastrophic failure, particularly at Brierley Hill, which is the largest centre.
- Capacity in control centres must be able to cope with unpredictable peaks in demand. Larger call centres are more productive at managing these peaks.
- A new digital ambulance radio project is being introduced, with no additional resources provided by the NHS to fund this.
- Call handling must be able to balance inbound calls in order to improve 999 response speeds.
- The Civil Contingencies Act puts additional demands on resilience.
- It is desirable to have a medical resource accessible to the call centres in order to improve triage.

4. The Trust's proposal

The Trust proposes expanding the Brierley Hill Call centre to 50 seats, expanding the Stafford Tollgate centre to an equal size, closing Bransford and Shrewsbury and retaining a small centre at Leamington Spa.

The Trust's proposal follows one of the models recommended in the Mason report, which recommends that each Trust have a small number of multiple sites that are Trust-based (at least two).

The problems with the Trust's proposals

We believe there are major issues with the Trust's proposal that affect the population of Herefordshire and Worcestershire:

- The local knowledge of call centre handlers will be lost over time. Although local knowledge is regarded as "useful, but not essential" by the Trust's management, and the call handlers will still work on a divisional basis, there are no plans in place to maintain this level of useful, local knowledge of Hereford and Worcester over time as staff move on and new staff are recruited who live in the Brierley Hill and Stafford areas.
- Much of Hereford and Worcester is rural and sparsely populated. Distances are large. The dispatch system will now look at the whole region to see ambulance resources. The Chairman acknowledged in a public meeting in Hereford on August 17th 2007 that ambulances will be sucked into the main Birmingham conurbation because most ambulances will be needed there and the Trust's performance is measured on response times. In his own words "remote areas will get a worse service" under the Trust's plans. This will be particularly acute in the

area of South Worcestershire and South West Herefordshire and the Welsh border.

- In order to counteract this effect, the Chief Executive has suggested that they need new ambulances for Birmingham. This cost has not been factored into their proposals. 40 new staff will be hired by Primary Care Trusts to increase the number of available ambulances. This has also not been factored in to the overall cost to the taxpayer.
- Resilience is addressed under the Trust's plan by concentrating on two large regional call centres. These are both near Birmingham. In the event of a major disaster such as a dirty bomb, the level of resilience will not be as great as if there were further call centres in the region.
- The Trust claims that the plan tackles the problem of working across boundaries. It only moves the boundaries. South Worcestershire, Herefordshire and Shropshire have boundaries with Wales and Gloucestershire that are not addressed by the Trust's plan.
- At the moment, each area measures its performance against two key metrics – how long it takes to answer a 999 call and how long it takes for the ambulance to reach the patient. Technology improvements will permit a faster response to calls. Targets for ambulance response times are 75% in 8 minutes and 95% in 19 minutes. It is essential that response times continue to be measured on a divisional basis, not a Trust-wide basis.

5. Our alternative proposal

We agree that the status quo is not an option.

Our alternative proposal is hampered by lack of detailed financial costings. We have asked for more detailed financial costings. We have received the following reply from the Chief Executive “I agree that the consultation does not contain detailed costings; it was never the intention of the Trust to do so. This information is being worked up in the Business Case that will be presented to the Trust Board.” We request that this proposal also be worked up for the Board with detailed costings.

The merger presents the opportunity to address the fallback facility issue by using a linked call system that will allow each centre to take calls in the event of a failure at one of the others. This is the concept of the virtual call centre. This will greatly increase resilience of the call-taking capability, improve response times for patients and comply with the Civil Contingencies Act.

Functions of an Emergency Operating Centre

The Mason report identifies the three key functions as Inbound Call Handling; Triage and Dispatch. We consider each of these functions separately.

A three-legged stool for call centres

Since the biggest centre, Brierley Hill, currently has 30 seats, and any fallback plan has to be to a centre of at least equal size, at least one of the other 5 centres must expand to at least 30 seats.

A centre that has the right existing infrastructure, space and technical resilience already is Stafford Tollgate. An increase at Stafford from 9 to 30 seats brings total seat capacity to 79 from 58.

We believe that resilience of a two call centre solution would be problematic in the event of major terrorist disruption to Birmingham and its motorway network. The Bransford facility also has space to expand and has the advantage of being in a remote location, far away from any possible terrorist target. Its access is dependent on a different route network. We propose that it also grow to 30 seats to form the third leg of a resilient triangle of call centres. This increases capacity to 109 seats.

The new technology will permit 999 calls in the region to be routed to the relevant division, but if that division is experiencing an overwhelming level of calls, then calls will be routed to another call centre.

Triage - A virtual medical expert in all call centres.

The Trust proposes having a doctor in the call centre in Brierley Hill. We recommend that this doctor also be linked into the virtual call centre to allow all call centres to use this resource.

Dispatch to continue on a divisional basis

There are disadvantages in changing to regional dispatch. It requires investment and it only moves the borders further afield. It exacerbates the problems for rural parts of South Worcestershire, Herefordshire and Wales. We believe it is important to dispatch on a divisional basis, as it is now, where ambulance Trusts borrow vehicles from each other in their hour of need. Strong links with neighbouring Trusts should continue.

The Mason report supports our conclusion:

“Locally distributed dispatch still optimises local knowledge; though cover for the other sites would be required. However, this can be afforded by ensuring a level of secondment and rotation as well ‘sectoring’ the dispatch functions (as in East Midlands).”ⁱⁱ

However, we acknowledge that in moving to linked call centres, it is important to invest in new technology, since a call picked up in Stafford for Worcestershire must see the available resources in the area.

Shrewsbury and Leamington Spa

These two small centres could be kept open under our costings. They could also be used for other services, as outlined in the Mason report:

“The same circumstances as Variation 3 but with two or three mirrored sites contain emergency, urgents and CAT C calls, as well as dispatch. A further site (site 3 or 4) contains these services and a centralised commercial hub, containing PTS, GP call handling as well CAT C. This commercial site requires flexible accommodation, with frequent lease breaks, and, potentially local additional accommodation, as contracts fluctuate over the next five years.”ⁱⁱⁱ

This is exactly the kind of accommodation provided at Shrewsbury and Leamington Spa.

6. Financial Planning

The Trust has been told it needs to deploy the new digital ambulance radio technology and has been given two systems.
The Trust needs to invest in call handling software.
The Trust needs to install additional seats.

Financial Resources

The Trust owns two properties in Stafford – Tollgate and Stone Road
The Trust also owns Bransford, Worcester and part of Abbey Foregate Street, Shrewsbury. Other centres are leased. The Leamington Spa facility is shared with the Fire service, but their call centre is moving to Wolverhampton.

Financial detail about each of these costs needs to be clarified, since the information in the consultation document is incomplete, but it is clear that any alternative proposal needs to be within the financial envelope of the current consultation in order to ensure that there is no impact on ambulances, drivers and paramedics.

The Trust's Current Proposal, fully costed

Capital Costs

Development of Tollgate to 50 seats	£ 400,000
Upgrades of Brierley Hill and Leamington	£ 400,000
Dispatch system	£1,150,000
IT Call system	£ 590,000
3 new ambulances for Birmingham ^{iv}	£ 240,000
Voluntary redundancies	£ 500,000 ^v
Total Capital spending	£3,280,000
Potential Capital Receipts (Stone Road, Bransford, Shrewsbury)	£2,950,000

Total Capital proceeds of closure £ (330,000)

Annual Cost Savings with three EOCs instead of five

Networking	£ 100,000
Facilities	£ 100,000
New performance system	£ 300,000
Total savings	£ 500,000

Additional annual costs not mentioned^{vi}

Travel costs for staff	£ 100,000
Running Cost of 3 new ambulances (includes the 40 staff from PCT) ^{vii}	£ 540,000
Total additional running costs	£ (140,000)

Our alternative proposal

Capital Costs

Upgrade of Tollgate to 30 seats ^{viii}	£ 300,000
Upgrade of Bransford to 30 seats ^{ix}	£ 300,000
No upgrade needed in Brierley Hill	
Dispatch system upgrade	£1,150,000
IT systems at 3 centres	£ 840,000 ^x

Total capital £2,590,000

Potential capital receipts	
Sale of Stone Road Stafford	£1,800,000
Sale of Shrewsbury with leaseback	£ 500,000
Sale of Bransford with leaseback	£ 650,000
Proceeds	£2,950,000

Total net capital receipts	£ 360,000
Additional Annual Running Costs ^{xi}	£ 100,000
Rental of Bransford and Shrewsbury	£ 100,000

It can be seen that this alternative proposal provides a number of appealing characteristics:

- Better resilience with three equal-sized call centres
- Better dispatch cover on a divisional basis as now
- No need to purchase new ambulances for Birmingham, reducing capital from a net outflow of £330,000 to a net receipt of £360,000, for an immediate improvement in capital position of £690,000.
- Annual running costs that are £140,000 lower.
- The Trust cash flow position is better, allowing a future investment in a national dispatch system on a shared basis.
- All centres remain open, with flexible accommodation for PTS, GP and Category C.

ⁱ Although the supporters are all Conservative, this reflects ease of collaboration, not a political statement. We welcome the proposals that others from other political parties have presented, as all offer the opportunity to keep Bransford open.

ⁱⁱ Mason Report section 6.5.3. p 66.

ⁱⁱⁱ Mason report p. 66

^{iv} Source: “Ambulance Economics”. Fischer, O’Halloran, Littlejohns, Kennedy, Butson, Faculty of Public Health of the Royal Colleges of Physicians of the UK. Marginal additional cost of an ambulance is £250K in 1999 Pounds. This includes staffing, maintenance and leasing charges.

^v Assumes 10 staff at an average redundancy of £50,000.

^{vi} Source: Bransford Ambulance staff – average travel for 4 10 hour shifts at 112 miles round trip at 25 pence per mile for 28 staff.

^{vii} We understand that the 40 additional staff are funded by the PCT. We believe that since the taxpayer funds both services that this distinction is irrelevant in comparing the alternatives.

^{viii} The cost to expand to 50 seats is £400,000, so we reduced by 25% the cost for 40% fewer seats.

^{ix} We assume the cost should be similar to the cost of Stafford.

^x We assume the costs given by the WMAS consultation document page 13 which are £590K plus the additional costs on page 10 for Bransford – an additional £250K for radio resilience and telephone system, vehicle tracking.

^{xi} This is the £100,000 for facilities. Since Shrewsbury and Leamington Spa are being used for PTS, GP Call Handling and Category C, the Board will need to clarify what the impact would be on networking costs and reduced roll out of performance system.