

BRIEFING NOTE

**Transport**

We know that due largely to the geography of the area patients already face difficulties in relation to travel and transport. There are concerns about immediate availability of emergency ambulances, emergency transfers between sites, parking on hospital sites, and public transport services to and from health facilities including general practice. Information about the range of support available is not always easy to access.

Transport issues are clearly of prime importance in considering options for service change. Acknowledging this importance, we have established a Transport Enabling Advisory Group involving lay and voluntary sector partners to look at transport issues and ensure that we both improve on current arrangements and build in any new transport requirements.

High level modelling involving the North West Ambulance NHS Trust (NWAS) has been undertaken for each potential option to understand changing emergency ambulance requirements. In some of the options for maternity and children’s services, a dedicated ambulance vehicle (known as DAV) for pregnant women/new mums and children forms part of the proposals. These requirements have been built into our financial plans.

Separately, Travel Impact Analysis has been undertaken for both the acute and community hospitals to model the numbers of people potentially affected in a variety of options and identify the total additional miles that would be travelled by patients and time taken. This initial work will need adjustment in coming months as we agree and further develop any proposals for service change.

Other work is focusing on improving emergency transfers between sites in and out of County, by road or air – and ensuring that, when patients do need to be transferred that this is carried out to the highest possible standards, supported by appropriate clinicians and with refreshed policies to best meet the needs of individual patients.

In relation to non-emergency transport, the Transport Enabling Advisory Group has overseen work to ensure there is a ‘baseline’ understanding of current transport services, current problems and possible solutions.

This ‘baseline’ allows us to develop a robust plan for improvement; improving available transport information for patients, visitors and staff, improving booking systems, making better use of community transport options, work with health, social care and transport partners to join up services, and improve car parking and access to and between sites.

*QUESTION: Will you be providing more emergency ambulances?*

We have noted from previous public engagement sessions specific areas of concern relating to community hospitals, maternity and paediatric and emergency department services. The relevant Success Regime workstreams have been working closely alongside these services and with NWAS to understand the impact of potential options on transport for staff, patients, carers and families using a specific demand profiling tool.

NWAS works to an overarching model that one 12-hour vehicle is required for every three additional site to site transfers. As well as site-to-site transfers some of the proposals suggest that a number of patients should be transported directly from home/place of incident to hospital in Carlisle without going via West Cumberland Hospital. This has all been modelled for each option and has allowed us to understand the impact each may have on local ambulance provision, and the number of additional emergency ambulance needed. This information is included within the Pre-Consultation Business Case with the range of additional ambulances required between one and eight vehicles depending on the agreed options.

We know that getting more ambulances in place will take time, so as well as building in the costs of the extra ambulances required, we will also build this ‘lead-in’ time into our final plans once we are clear which options are to be implemented.

On top of this, a DAV for pregnant women/new mums forms part of the proposals under some options. There are different possibilities for exactly how the possible DAV vehicle might work. In developing more detailed proposals, we are learning from experiences in Wales where this approach has been successfully used. Once it is clear post consultation which clinical models will be implemented, these possibilities can be fully worked through to ensure the best staffing models, including nursing and medical escort arrangements, are in place as needed and that we have covered arrangements for all eventualities (what we call our ‘what if?’ scenarios).

*QUESTION: How does the DAV model work in Wales? What makes you think it can work in Cumbria?*

The DAV is commissioned by the Health Board from the Welsh Ambulance Service Trust (WAST) to transport urgent maternal, neonatal and paediatric transfers from Withybush to Glangwili – a journey of just over 33 miles. We have used the experience in Wales to conclude that this would be a good additional service to support West Cumberland Hospital’s (WCH) services.

There are many similarities between Cumbria and Wales including geography, levels of deprivation and poor road infrastructure. Both areas have lower than average car ownership and public transport is limited.

Public concerns about the time taken to travel from the west coast in Wales are very similar to those expressed by residents in west Cumbria; in particular they are anxious that delays in reaching urgent and emergency care may result in deterioration of condition or outcome.

The DAV is staffed by a 10-strong team of paramedics and emergency technicians who provide 24/7 cover. Following a review of activity data, the RCPCH review concluded that there had been “no measurable deterioration in clinical outcomes” as a result of this service development.

As the team is underutilised in terms of transfers, the staff provide additional support to Withybush Hospital providing emergency training to staff, support for activity in the emergency department and on the wards, as well as occasional assistance in the midwife-led unit.

The vehicle is a ring-fenced resource provided to transfer women, babies and children from WCH to Cumberland Infirmary Carlisle (CIC) – and other specialist centres if the need should arise – and is in addition to the existing ambulance establishment.

*QUESTION: There is a current shortage of paramedics so how will you provide them?*

As a result of recent international recruitment, 10 additional trained paramedics have been recruited to work in north Cumbria which is excellent news for us locally, and further international recruitment is planned. NWAS is also working closely with higher education partners to introduce paramedic courses to the new West Lakes campus, Whitehaven, to help build a workforce for the future. This activity forms part of NWAS’s ongoing recruitment and retention programme. Additional recruitment would potentially be required to implement any changes as a result of the consultation process.

*QUESTION: What arrangements will there be to transport sick children from WCH to CIC?*

Any child who needs to be transferred will be transferred in an ambulance with a trained escort (usually a nurse or paramedic).

*QUESTION: What clinical support will be available for patients and ambulance crews for transfers?*

There will be appropriate levels of clinical support dependant on individual need available for transfers. For all site-to-site maternity transfers a midwife will travel with the patient and ambulance crew. In the event the call is received for a patient in the community and a midwife is not at scene when an ambulance crew arrives, then in emergency situations the patient may be transferred without this provision, as is current practice.

*QUESTION: If patients and family members have to travel further for routine admissions, to reach clinics, visit, and get home again afterwards, what are you doing to support them?*

We support the principle of providing high quality care as close to home where feasible, thereby reducing as much as possible the need for patients and families to travel unnecessary distances. This means providing outpatient appointments locally and avoiding them altogether by supporting our Integrated Care Communities to manage patients at home or in their GP practice without needing to send them to hospital. However, when travel is necessary, we are working to make this as easy as we can.

In keeping with all parts for the NHS, we use national criteria to determine who is eligible to use the Patient Transport Service (PTS). Although we are constrained to some degree by this, we are continually working to improve this service including ensuring staff are able to apply the criteria consistently as this has been an issue of concern fed back to us. The contract with NWAS has recently been changed and now allows for the service to be provided into early evening, as well as a ‘text ahead’ service to inform patients when transport will arrive and other quality improvements. We are also working with North Cumbria University Hospitals NHS Trust and NWAS to see if we can better streamline current arrangements to reduce any waste in the system. We will continue to ‘top up’ patient transport services as required using private ambulance services.

We know that many people who are not eligible for PTS can find it difficult to get to hospitals and GP surgeries, so we are looking to help improve other transport options too. This means maximising use of voluntary and charitable schemes including community transport services, and working with public transport providers. An important part of this will be to make sure we can help patients, their friends and families to easily understand what transport options there are available. Staff can have difficulties knowing what is available too, which can affect discharges and booking of appointments. The Transport Enabling Advisory Group will consider possibilities for what a ‘single point of access to transport information’ could look like.

We are also working hard at improving car parking arrangements on site; there have been a number of recent improvements at Cumberland Infirmary already with more expected in the next few months, while more work is also planned for improvements at West Cumberland Hospital.

*QUESTION: If I have my baby at CIC, will there be a service to transfer me to WCH for postnatal care?*

There will be no facility to accept postnatal transfers back into WCH. National guidance (NICE) says most women should be well enough to go home six hours after birth and it is good practice to support women to return home as soon as possible. If you require medical care after birth in Carlisle you will stay there until you are ready to be discharged home.

*QUESTION: If a child requires transfer to CIC for treatment will a parent be able to travel with them?*

NWAS can accommodate family members to travel with their children in most cases, but space may be limited. In general there is a maximum of two spare seats but this also depends on the size of the transfer team if one is utilised, and discussion with the family also takes place at the time of the transfer with a view to supporting the child being transferred. NWAS are unable to facilitate a return journey for those travelling with a patient and will discuss before they leave site that if possible it may be appropriate for a family member to follow so they have transport on arrival.

*QUESTION: We are concerned that patients may be transferred unnecessarily. What are you doing about this?*

We are being supported by a Scottish emergency transfer and retrieval medical expert to make improvements to our transfer arrangements. Dr Stephen Hearns has been helping us look in detail at the medical needs of patients, and at our pathways and protocols to improve speedy transfers, and enhance communication and escort arrangements in line with international best practice. This work is also picking up on the outcomes and recommendations of other transfer reviews including the North East Quality Observatory Service review of a Trust audit of patient transfers recently published by the Clinical Commissioning Group.

We have recently repeated the previous survey of patients’ experience of transfers undertaken in 2014 and we will be publishing this as soon as the results are available.

*QUESTION: What will happen if the major routes to Carlisle can’t be accessed due to an incident such as a major crash or adverse weather like the floods we have all seen in recent years?*

NWAS has business continuity plans in place that mean alternative routes are planned and available for crews who encounter blockages due to road traffic collisions. In the event of road closures due to weather related issues then again the Trust’s business continuity arrangements provide access to providers who can assist in patient transfer. These include, Mountain Rescue vehicles with all-weather capability, air assets from both the Great North Air Ambulance and North West Air Ambulance and both military and civil providers for search and rescue operations. It should be remembered that both the volume of transfers and frequency of these events are also relatively small with alternative options available.

*QUESTION: What is happening about the heli-medicine proposals mentioned previously?*

Some specialist work has been undertaken looking at the possibility of a new helicopter service for west, north and east Cumbria. This concluded that there is no case for a dedicated helicopter service for west, north and east Cumbria as the aim is to continue with full acute medicine services locally and so we would not expect large numbers of patients to be moved out of the area. For patients staying within the area, it is quicker to transfer by road than air due to the complexities of helicopter transfers.

The work did however make some recommendations for how we could improve on air and road transfers for the small number of patients who do need to travel further afield through closer working with current air transfer providers and hospital partners in the north east. The report also made helpful suggestions as to how we could improve on our emergency transfers between Cumbria sites and this work is being actively pursued right now.

*QUESTION: What about staff? It is very difficult for staff working on both sites and it sounds like there will be more of this in future.*

It is true that we would like to see staff working as larger, stronger teams across the patch rather than small isolated units, and that in the future we may therefore see more staff moving between sites. The Transport Enabling Advisory Group is investigating the possibility of a Wi-Fi enabled hopper bus between sites which could be used by staff instead of them driving themselves. These sorts of services are used very successfully by other hospitals, and are popular with staff. We think we could expand this service to help patients, and family visitors and we are looking at different funding models to support this. The buses should also help relieve some of the parking pressures on hospital sites. Any such proposals would be subject to proper consultation with staff side and affected staff.

Some facts and figures…

* NWAS emergency ambulances covered a total of around 69,000 incidents and 73,000 calls to the service in 2015/16.
* There were about 1,800 transfers between WCH and CIC in 2015/16 – around 35-40 each week. About nine transfers each week take place between 10pm and 9am.
* NWAS has provided a dedicated transfer vehicle for journeys from WCH to CIC since April 2015, funded on an interim basis by NHS Cumbria Clinical Commissioning Group. Analysis has shown that patients transferred are on specific agreed care pathways or, in a few circumstances, where individual patients are assessed as likely to benefit from the additional services available in Carlisle.
* Air ambulances last year attended more than 1,500 incidents in Cumbria and transported nearly 800 patients from them. These were nearly all relating to hillside/roadside incidents; only 17 related to air transfers from the two hospital sites.
* There are approximately 170,000 PTS journeys each year both within west, north and east Cumbria and further afield (mainly to the north east).
* Nearly one third of Cumbria calls to the ambulance service are managed as “see and treat” or “hear and treat” which prevent patients having to be taken unnecessarily to hospital. As wider health community redesign takes place with the establishment of Integrated Care Communities and more services provided closer to home, it is expected that there will be greater access to alternatives with an even higher percentage of cases able to be managed without the need to go to hospital.

Further reading

* [*Cumberland Infirmary car parking study*](http://www.wnecumbria.nhs.uk/wp-content/uploads/2016/09/Cumberland-Infirmary-car-parking-study-2014.pdf)
* [*Hospital parking survey report (Dec 2014)*](http://www.wnecumbria.nhs.uk/wp-content/uploads/2016/09/Hospital-parking-survey-report-Dec-2014-Healthwatch-Cumbria.pdf)
* [*Independent review of transfers from West Cumberland Hospital to Cumberland Infirmary Carlisle (Mar 2014)*](http://www.wnecumbria.nhs.uk/wp-content/uploads/2016/09/Independent-review-of-transfers-from-WCH-to-CIC-Mar-2014-NEQOS.pdf)
* [*Patient transfer experience survey 2014*](http://www.wnecumbria.nhs.uk/wp-content/uploads/2016/09/Transfer-experience-survey-2014-Patient-Perspective.pdf)
* [*North Cumbria patient transfer experience survey 2016*](http://www.wnecumbria.nhs.uk/wp-content/uploads/2016/09/North-Cumbria-Patient-Transfer-Experience-Survey-2016.pdf)
* [*North Cumbria patient transfer experience survey 2016 – trends*](http://www.wnecumbria.nhs.uk/wp-content/uploads/2016/09/North-Cumbria-Patient-Transfer-Experience-Survey-2016-Trends.pdf)
* [*West Cumberland Hospital and Cumberland Infirmary Travel Plan 2014–2017 (Dec 2014)*](http://www.wnecumbria.nhs.uk/wp-content/uploads/2016/09/WCH-and-CIC-2014-17-Travel-Plan-Dec-2014.pdf)

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