

**Open Report on behalf of Nick Borrill, Chief Fire Officer**

Report to:	<b>Public Protection and Communities Scrutiny Committee</b>
Date:	<b>11 December 2018</b>
Subject:	<b>Fire and Rescue – Emergency Medical Response Update</b>

**Summary:**

Lincolnshire Fire and Rescue has been responding to emergency medical incidents since the introduction of its co-responder scheme in 1999. At the end of 2014 the Service also introduced a capability at three fire stations to convey patients to hospital in a fire ambulance. This paper aims to provide an update on the position of both schemes.

**Actions Required:**

The Public Protection and Communities Scrutiny Committee are invited to consider and comment on the report and highlight any additional recommendations or actions to the Executive Councillor for Culture and Emergency Services.

**1. Aim**

The aim of this paper is to update the Public Protection and Communities Scrutiny Committee on Lincolnshire Fire and Rescue's (LFR) co-responding and Joint Ambulance Conveyance (JAC) capability in regards to its emergency medical response support.

**1.1 Background**

LFR has been operating a co-responder (first-responder) scheme in partnership with East Midlands Ambulance Service (EMAS) and Lincolnshire Integrated Voluntary Emergency Service (LIVES) since 1999. The scheme is delivered by on-call Retained Duty System (RDS) fire-fighters from 26 fire stations around the County. LFR co-responders deliver non-invasive medical treatment, including the use of defibrillators, to patients 12 years and over and to cardiac arrest patients over 8 year olds.

EMAS provide mobilising information and assistance at co-responder incidents. LIVES provide training, equipment, management, clinical governance and data relating to co-responder activities. LFR teams respond to medical emergencies

categorised in the EMAS medical priority dispatch system as Category 1 and 2 (see table 1). Mobilisation is initiated by EMAS who request assistance through Fire Control to ascertain if co-responders are available and confirm that they are the nearest asset. This procedure ensures LFR have full control over all our responding crews.

**Table 1 – Response categories**

<b>CLASS OF CALL</b>	<b>RESPONSE TIME</b>	<b>EXAMPLE</b>
<b>Category 1 (Purple)</b>	7 mins average	Category one is for calls about people with life-threatening injuries and illnesses.
<b>Category 2 (Amber)</b>	18 mins average	Category two is for emergency calls.
<b>Category 3 (Yellow)</b>	120 mins	Category three is for urgent calls. In some instances ambulance staff may treat the patient in their home.
<b>Category 4 (Green)</b>	180 mins	Category four is for less urgent calls. In some instances the patient may be given advice over the telephone, or referred to another service such as a GP or pharmacist.

## **1.2 Benefits**

Key benefits associated with co-responding include:

- Enhanced response to Category 1 and 2 medical emergencies (immediately life threatening) within the County
- Early intervention provides a positive patient centred outcome. This can assist in keeping service users out of hospital or, if admitted, result in a reduced bed stay and rehabilitation
- Reduced mortality rates from Coronary Heart Disease and improved treatment for patients following a heart attack (supporting JHWS outcomes)
- Cost-effective method of meeting increasing demand
- Providing LFR crews with invaluable medical intervention experience and training

## **1.3 Resourcing**

LFR co-responders respond in a dedicated car or, for those stations which attend less than 50 calls a year, their fire engine. Associated medical equipment, which includes defibrillators, are supplied and maintained by LIVES.

Co-responders undergo the following training:

- 4 days initial training
- 2 hrs continuation training each quarter
- Annual requalification
- 2 day tri-annual re-certification

All training is undertaken by LIVES. LIVES also provide all clinical advice and governance and are responsible for Care Quality Commission (CQC) registration.

### 1.4 Funding

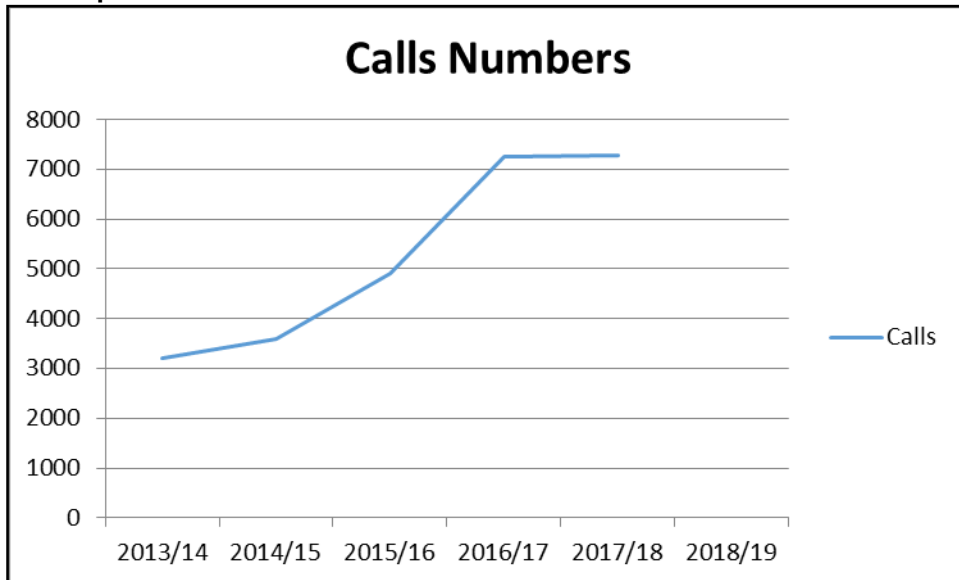
Funding for co-responding is provided primarily through the Better Care Fund. There is also an element of cost recovery from EMAS.

### 1.5 Outcomes

The number of co-responder calls attended over the last 5 years is shown below.

Year	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Annual Calls	3202	3604	4920	7249	7285	N/A
Apr - Sep	1,539	1,755	2,013	3,412	3,394	2037

Co Responder Call Numbers



The increase in calls since 2015/16 is in part due to 5 additional fire stations joining the scheme mid 2016. Since then LFR has seen an average number of co-responder calls of just over 7,000 a year although it is anticipated the call rate will be lower this year. This is mainly due to the introduction by EMAS of the Ambulance Response Programme (ARP) in June 2017. The nationally adopted ARP reduced the clinical need for a majority of the calls to be attended within 8 minutes, with the aim of ensuring patients receive the best possible response outcome. In support of the ARP, EMAS also re-structured its workforce in April 2018, which resulted in more dual crewed ambulances on the road, particularly in the south of the county. This has resulted in a reduction in demand for the number of co-responder calls.

LFR also measure the percentage of times co-responders render assistance at an incident. This assistance can range from simply monitoring a patient all the way through to the use of a defibrillator.

The percentage of times assistance has been rendered over the past 5 years is displayed below:

Year	2013/14	2014/15	2015/16	2016/17	2017/18
% of incidents attended where rendered assistance	88%	88%	86%	89%	91

## 1.6 Future Plans

LFR co-responding is a well-established scheme and continues to provide an effective service to the community. LFR will continue to work with its partners to understand the full impact of the ARP and to develop the co-responder scheme within the county as appropriate.

## JOINT AMBULANCE CONVEYANCE (JAC)

### 2. Background

In 2014, LFR and EMAS (supported by LIVES) received funding from DCLG's Transformation Challenge Award to conduct a pilot project aimed at enhancing ambulance provision within the County. The pilot, capitalising on well-established partnerships, was based on an expansion of the existing fire and rescue co-responder scheme. The intent was to provide an additional safe alternative approach to conveying patients to places of definitive care providing more timely treatment, whilst supporting better recovery and improving chances of survival.

The pilot was conducted over a 12-month period from 3 RDS fire stations; Long Sutton, Woodhall Spa and Stamford. These stations were selected based on EMAS' response requirements and the availability and willingness of the RDS staff to be involved in the trial. All 3 stations had been co-responding under LIVES clinical governance for a considerable period of time and therefore had significant experience in providing an initial medical response. The first station, Long Sutton, went live on 17th September 2014, followed by Woodhall Spa on 27th October and Stamford on 13th January 2015.

#### 2.1 Benefits

The key benefits of JAC include:

- Reduced patient transport times
- Increased availability of EMAS Dual Crewed Ambulances
- Provision of a cost effective method of meeting demand for the growing number of ambulance calls
- Less time on scene for responders
- Improved patient care at the initial scene as a result of enhanced firefighter co-responder medical skills
- Substantial returns of social value for the investment made which can be translated into real tangible financial savings

- Alignment with the national drive for closer collaboration between blue light services

## 2.2 Resourcing

EMAS supply the fire ambulances and all necessary clinical equipment and consumables and invoice LFR as appropriate. They are also responsible for maintaining protocols and schedules for all clinical equipment.

All co-responders that form part of the ambulance crew conveying a patient to hospital with the healthcare practitioner must have received further assessable training. This is in addition to their existing co-responding training, qualifications and operational experience. This enhanced training includes:

- 4 - Day Medical Training to qualify personnel to Qual-Safe Level 3, and
- 5 - Day Ambulance Driver Training

All personnel must successfully complete quarterly refresher training and annual re-qualification; this is facilitated by LIVES. Personnel also need to complete the 2 day, tri-annual re-certification course.

## 2.3 Funding

All expenses and costs related to this project have been met from the DCLG Transformation Challenge Award grant with some support provided through the Clinical Commissioning Groups. The budget is managed by LFR using county council approved methods of budgetary management and reporting.

## 2.4 Outcomes

The number of JAC calls attended since the project started is shown below:

Year	2014/15	2015/16	2016/17	2017/18	2018/19
Annual JAC Conveyances	114	323	308	305	NA
Apr – Sep Conveyances	NA	148	146	155	(YTD)25

There has been an average of just over 300 conveyances a year to hospital by the JAC crews although, similar to the co-responder scheme, we are anticipating a reduction in calls this year due to the introduction of the ARP. This, in conjunction with a reduction in the number of EMAS fast response vehicles (FRVs) following their restructure, has led to a reduction in the number of times JAC has been utilised.

## 2.5 Future Plans

Following the introduction of the ARP further analysis is being conducted with our partners at EMAS to explore how best to optimise the current JAC capability. This will be completed over the next 12 months with a view to identifying an appropriate way forward.

## **2.6 Conclusion**

LFR continue to respond to a significant number of incidents through its co-responder and JAC schemes providing the residents of Lincolnshire with a vital lifesaving response. In doing so, it supports the wider health and wellbeing agenda. While the new call criteria and re-structure implemented within the county by EMAS has had an impact on the amount of calls being handled by LFR, the schemes are still considered a key element of the County's overall emergency medical response capability. As the full impact of the ARP becomes clearer, LFR will continue to work with partners to ensure both the co-responder and JAC schemes are fully optimised.

## **3. Consultation**

### **a) Have Risks and Impact Analysis been carried out?**

Not Applicable

### **b) Risks and Impact Analysis**

Not Applicable

## **4. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Sean Taylor, who can be contacted on 07799110527 or [sean.taylor@lincoln.fire-uk.org](mailto:sean.taylor@lincoln.fire-uk.org).