



# Save the Monmouth RRV Community Campaign

**Mr Jason Killens, Chief Executive**

Welsh Ambulance Services NHS Trust  
Tŷ Vantage Point  
Vantage Point House  
Tŷ Coch Way  
Cwmbran NP44 7HF

15<sup>th</sup> August 2022

Dear Jason,

Thank you for your letter of 11<sup>th</sup> July outlining answers to the questions we sent over following our meeting with you back in May. Our apologies for the delay in responding due to Lorraine (who is immune suppressed) being poorly with Covid.

We very much appreciate your detailed response, but as you might expect, we do have further questions to ask, and issues of concern to raise.

Regarding the offer to attend the Clinical Contact Centre in Cwmbran, we did indicate previously we would very much welcome the opportunity to do this. If you could advise on a suitable day and time, we can get something in the diary.

The detail of our further questions and issues are as follows:

## **MODELLING**

We completely understand that the modelling undertaken is both extensive and sophisticated, however like any system, it is only as good as the data that has been entered. It remains our belief that there is a fundamental flaw in the data being used in the system, specifically by ignoring QUAIF and ABUHB information about demographics and serious illnesses at a local level.

You state on page 2 paragraph 7 that *“the data cannot be used to predict 999 demands, as there is no link that we are aware of which provides a direct correlation between the numbers of people with dementia for example and the number of 999 calls that they will generate.”*

**We wish to refer you to the following directly from the BMJ:**

***Atrial fibrillation*** is the most common sustained cardiac arrhythmia, accounting for approximately 35% of hospital admissions for cardiac arrhythmias.<sup>6,7</sup> Hence, it is the most common form of cardiac arrhythmia emergency physicians manage. <https://pmj.bmj.com/content/79/932/313>

**Dementia** – Whilst the dementia itself isn't necessary the reason for an emergency call, people with this are more likely to call due to a fall or comorbidities/frailties as detailed:

*Calls to people with dementia were more likely to be due to injury following a fall. In the overall sample, one or more comorbidities were reported on the PCR in over 80% of cases. Rates of hospital conveyance for older people may be related to comorbidities, frailty, and complex needs, rather than dementia.*  
<https://bmjopen.bmj.com/content/8/7/e022549>

Regarding **Cancer**, you will see from very recent (2022) research by UCL the following:

*Patients' cancers were discovered in emergency situations 37% of the time in England, 37.4 percent of the time in Wales and 38.5% of the time in Scotland. More than a third of cancers in the UK are discovered after patients are rushed to hospital, one of the highest rates in comparable high-income countries, finds a new study led by UCL researchers.* <https://www.ucl.ac.uk/news/2022/apr/third-uk-cancer-patients-diagnosed-emergencies>

Further, as detailed in *Paramedic Practice* – “The ambulance service is increasingly being called to patients suffering from cancer who are near the end of their lives.” <https://www.paramedicpractice.com/features/article/managing-common-end-of-life-cancer-presentations-according-to-the-evidence>

All of the above, we believe, shows clear evidence for why this data needs to be considered as part of the data analysis to inform future demand.

## **DEMAND TRENDS OVER TIME**

You indicate your confidence in the use of demand trends over time as the best way to forecast future demand, and that the methodology used is similar in nature to that used across the UK when forecasting/modelling ambulance activity, capacity, and performance. We have looked into several of the Ambulance Trusts who have also received support from the same company (ORH) as WAST in relation to forecasting demand and feel that the evidence shows the contrary – all three Ambulance Trusts detailed below are failing to hit their response targets as follows:

- **East Midlands Ambulance Service** - *During 2021/2022, EMAS lost 125,500 hours to pre-hospital handover delays (compared to 59,759 hours lost during 2020/2021), equating to 10,458 12-hour vehicle shifts – an average of 29 shifts a day* (taken from their Annual Report).

*East Midlands Ambulance Service is facing an unprecedented crisis in dealing with emergencies, with some response times reaching up to four times longer than targets.* July 2022 article <https://thelincolnite.co.uk/2022/07/waiting-times-for-ambulances-in-lincolnshire-quadruple-over-targets/>

*East Midlands Ambulance Service (EMAS) did not hit any of its response time targets last month, even soaring over four times longer in some cases.*

*East Midlands among slowest in the country* - <https://www.chad.co.uk/health/emergency-ambulance-responses-in-east-midlands-amongst-slowest-in-the-country-40765> February 2019

*15<sup>th</sup> July 2022 - EMAS' plea comes after NHS data revealed **NONE** of the England's ambulance services hit crucial response time targets in June. It took East Midlands medics nearly ten minutes instead of seven to reach patients with life-threatening conditions. The mean response time for category two incidents, such as strokes, was 71 minutes – way below the 18-minute target.* <https://www.northamptonchron.co.uk/health/east-midlands-ambulance-wait-times-are-rising-and-bosses-warn-things-could-get-even-worse-during-this-weekends-heatwave-3769345>

- **South Western Ambulance Service** – *9<sup>th</sup> May 2022* <https://www.dorsetecho.co.uk/news/20123442.south-west-longest-ambulance-waiting-times-country/> *South west has longest ambulance waiting times in country. A Parliamentary Question tabled by the Liberal Democrats has uncovered that people living in the region who suffer a heart attack will wait more than 20 minutes longer for an ambulance than the national average.*

*It shows that the southwest has the longest ambulance waiting times in the country for emergency calls - a typical response will take nearly 15 minutes longer than in the northwest, the second worst performing region.*

- **Northeast Ambulance Service - 15<sup>th</sup> July 2022**

<https://www.thenorthernecho.co.uk/news/20280262.north-east-ambulance-response-times-fall-nhs-standard/>

*NHS standards require all ambulance trusts to respond to Category 2 calls in 18 minutes on average, and respond to 90 per cent within 40 minutes. But NEAS said its response time in the case of Mr Morris was 50 minutes, while the average Category 2 response time during June was 44 minutes – **more than twice the NHS standard.***

*That is up from 38 minutes 52 seconds the month before, but slightly lower than the 44 minutes 49 seconds recorded in April, when the ambulance service recorded its longest Category 2 response times since at least 2018-19.*

*In June (2022), nine out of ten Category 2 calls were responded to in less than 1 hr 32 minutes, more than double the target time and up from 1 hr 20 minutes in May.*

Unlike yourself, this data and reports do not fill us with confidence that this way of demand forecasting is working well elsewhere, not even taking into the account the fact that as explained above, we feel the data itself being used is fundamentally flawed.

## **RED CALLS**

Thank you for clarifying as to how red calls have been considered. It is clear from the information you sent over that this appears to be a comparison between County Boroughs within the Local Health Board area. Taking the number of red incidents occurring as a percentage of total incidents, we can see that in 2021 Caerphilly topped this with 9.3% red incidents (25,584 total, 2,381 red). Monmouth came in 4<sup>th</sup> highest at 7.3% - just 1.83% below the second highest of Blaenau Gwent. The lowest level of Red calls was in fact in Torfaen at 6.56% of incidents as a whole from their area being classified Red.

Comparing data for Torfaen to Monmouthshire (below), it's not difficult to see why we have the concerns we do in relation to the geographical spread of the area, and how resources under the new roster review will be able to cover this, not least within the response time targets set given the transfer time of at least 30-40 minutes from Monmouth to The Grange, compared to 20 minutes from Blaenavon, one of the furthest points North in Torfaen.

<b>ABUHB Region</b>	<b>Area</b>	<b>Population (2018)</b>	<b>Ambulance Stns</b>
Torfaen	126km <sup>2</sup>	93,049	2
Monmouthshire	860km <sup>2</sup>	94,142	2

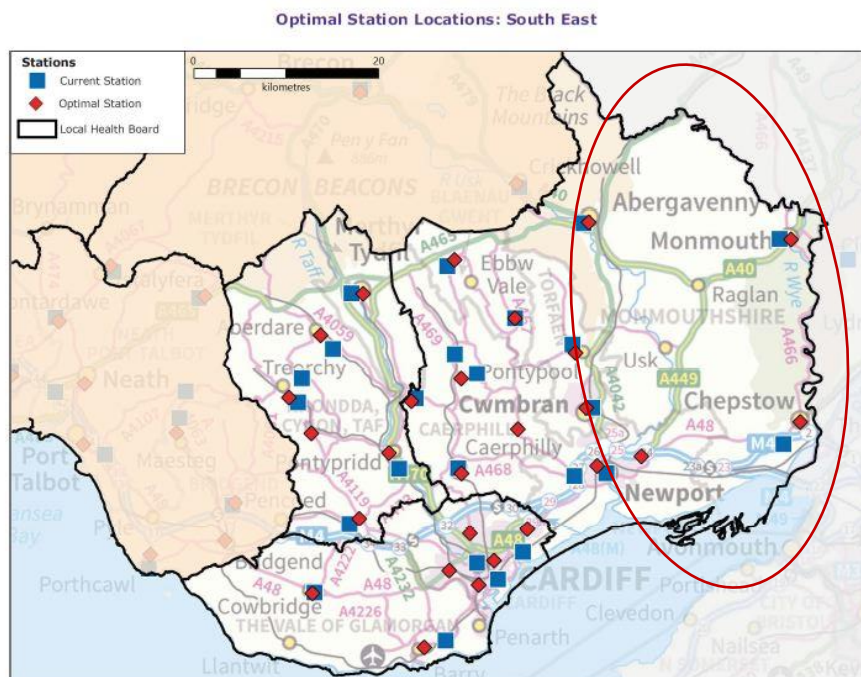
There are currently 9 RRVs (soon to be CHARUs) allocated to the ABUHB region<sup>i</sup>. **Could you please confirm the number that will be present for ABUHB if the new roster review is implemented, and where they will be based?**

Whilst the graph included in your response indicates there were 38 days in 2021 for the Monmouthshire area where no red calls were received, this means there were **327 days in the year (90% of the time) where there was at least one red call in the area.** In fact, the data shows 153 days where between 3 and 5 red calls were received, and over 20 days receiving between 6 and 9 red calls.

## COVERAGE

Give the significant reduction in RRV (CHARU) hours across the ABUHB area as a whole - from 2,091 to 826 – the UCS in Monmouth to be zero, and the planned roster to have just one EA available 24/7, we simply cannot see how when a red call is received in this area on any one of the 327 days outlined above, we can be assured of a sufficiently rapid response to deal with these, in addition to how a CHARU (previously RRV) vehicle from outside the area will be able to attend as a minimum 1,749<sup>ii</sup> emergency incidents that were attended by the Monmouth RRV alone in 2020/21.

We show once more the visual map of Optimal Stations for Southeast Wales to demonstrate the vast expanse of geographical area to be covered.



## RESPONSE TIMES/CONVEYANCING

We acknowledge that this is a complex issue, with a priority on response times given the significant loss of hours due to handover times, however despite our continued presentation of the WAST data showing that **48% of incidents attended by RRVs do not require a forward visit to hospital**, we simply cannot understand why this data is not being acknowledged as a key mechanism to release EAs to attend other incidents, and indeed reduce the amount of time waiting for handover at A&E.

Your comment that "Most Red calls require back up from a conveying resource" is simply untrue, as we have showed you from WAST data analysis that nearly half of all incidents attended by RRVs do NOT require a forward visit to hospital. **When will you acknowledge this crucial statistic?**

**A final note on Modelling.** We notice that on 25<sup>th</sup> June 2020 'An empirical investigation of forecasting methods for ambulance calls - a case study'<sup>iii</sup> was published detailing a comparative study of four efficient forecasting procedures, highlighting one in particular to allow robust forecasting to allow sound decision to be made for capacity and staffing levels. The report states:

*“The results of this study are of utmost value to WAST as it provides the best techniques to be used for different time frames. The current forecasting models used in WAST is based on averaging the three previous annual figures while matching the day of the week. Matching the day for this year is achieved by taking away today’s date from 364. This is repeated for two more years, and the average is computed in Excel.*

*Results showed that ARIMA is the best forecasting method for weekly and monthly prediction of demand compared to the other three algorithms and the **long-term demand is best predicted using the SSA method.**”*

**Could you please confirm that this research was taken into account, and that you are indeed following the recommendations made when forecasting shorter and longer-term demand predictions?**

We acknowledge the huge amount of work and responsibility you have, however would ask that to ensure a fair position for us in these discussions that a reply is received within 10 working days of the date of this letter to allow continued discussion prior to your proposed implementation date.

As stated at the start of this response, and previously, we are looking forward to attending the Clinical Centre in Cwmbran, and wait to hear regarding a suitable date and time.

Yours sincerely,

*Lorraine Allman*

**Lorraine Allman and Terry Kirton**

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<sup>i</sup> <http://www.wales.nhs.uk/sitesplus/documents/1134/NHS-Amber-Report-ENG-LR.PDF>

<sup>ii</sup> Total incidents attended by Monmouth RRV 2020/21, data from WAST FoI request

<sup>iii</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8567893/>

**P-06-1274 Stop the removal of the Rapid Response Vehicle for Monmouth,  
Correspondence – Petitioner to Committee, 01.09.22**

Thank you so much for keeping us in touch with this, and we are pleased there has now been a response back from WAST and you are considering the petition on Monday 19<sup>th</sup> September 2022.

Just to be clear, we had already accepted the offer to attend the Clinical Contact Centre in Cwmbran when it was first offered at our meeting with Mr Killens in May, following the presentation of the petition at the Senedd. We have now, finally, been able to secure a date to do this on 30<sup>th</sup> September at 13:00hrs. This is much later than we would have liked, given the plans WAST have for implementation of the new rosters, but we will definitely be attending on that day.

Regarding the other issues Mr Killens covers in his letter and his responses to our questions, please find attached our response back to this which we sent on 15<sup>th</sup> August 2022. As you will see, we believe there to be fundamental flaws in the data used for the modelling, and have provided further data (from WAST and other sources e.g. ABUHB, QUAIF, BMJ etc.) on why we believe this cannot go ahead and will put the health and lives of the Monmouthshire community at risk.

Although we are a non-political, community group, we have the full support of every political party in the County. They have invited Mr Killens and/or his Executives to attend a Scrutiny committee on 27<sup>th</sup> September at 10am, and we are providing support to them for that, although they have yet to hear back that anyone from WAST will be in attendance.

I hope the above and our attached response provides you with the information you need, but please do not hesitate to contact me if you need anything-else.

Diolch yn fawr a Cofion cynnes,

Lorraine