

A PROPOSAL FOR A SUSTAINABLE EMERGENCY SERVICE FOR ALSTON MOOR.

Following the question-and-answer session held at the Town Hall on 12th and 13th May, one response was repeated on several occasions; that the responsibility of developing a service was to be left up to the residents to propose something.

I would therefore like to take the opportunity to provide a proposal for a service specifically for a rural community. This is intended to encourage our young to take a career in the Ambulance Service, increase local employment, and utilise local people to reduce the travelling difficulties in inclement weather. I will propose a sustainable and appropriate service for the residents of Alston Moor and beyond. NWS constantly talk about using Alston Moor as a community to trial a new way of working, and so I would like this proposal to be given serious consideration.

I am a resident of Alston Moor who is increasingly concerned about the continuous reduction in our health and care services, with the recent focus now on our Emergency Services. There are several views and opinions of why the service is being disbanded or withdrawn, but the key focus within the community is the development of a sustainable service.

I have 43 years of experience in emergency medicine, working throughout the UK and abroad in Primary and Secondary care as well as front line Emergency services both with NHS and private medical service suppliers. I have a good understanding of what a health and care service should provide for its communities but also understand the complexities of managing such services and the difficulties acquiring relevant funding.

It is important to realise that there is no single model that will address the challenges and fragility in a remote and rural community, and our community is no exception. It is well documented across the UK that rural communities have greater number of older people, and as they get older their ability to attend hospital and GP appointments gets increasingly more difficult, and as a result often they do not attend. This increases the chances of developing more serious illnesses and ultimately to events requiring the emergency services.

Alston Moor residents believe that the responsibility of our local health provision should match that of every other county and rural community. A standard provision that any person requiring emergency attention receives it within the appropriate national target, regardless of where they live. As most of the services on Alston Moor have been closed or removed without consultation or consideration, NWS felt they could do the same with the Ambulance service, leaving Alston Moor with absolutely no chance of receiving appropriate help in the optimal time.

The most sustainable solutions will be those that are locally grown with the involvement of all key stakeholders and the communities served as well as potential funding groups such as the Alston Moor Partnership, Alston Freemasons, District and Parish Councils to collaborate in a working group to achieve our requirements. More importantly North West AND North East Ambulance Services should be working together to provide safe and appropriate care.

Our GP service has just one permanent Doctor and so has to be supported by Cumbria Health on Call (CHoC) as our health care providers cannot recruit doctors to the area; yet another critical service that has been left to its own devices to address the problem of service provision. In addition, there has been little or no NWS support to promote the recruitment of CFR's, previously highlighted as a potential solution for a declining service.

And so, here is my Proposal:

Ruth Lancaster James Hospital is a large building in Alston that allows for an opportunity to provide several services that could help to relieve the pressure on Carlisle, improve the quality of care and provide appropriately timed services to the local community. I am not proposing to re-open the hospital to all services, but it could be used as a central point or 'hub'.

Emergency Care Assistants (ECA's) respond to emergency calls alongside a Paramedic, helping them to provide patients with potentially life-saving care and, where needed, getting patients to hospital. There are some Ambulance services that are currently using two ECA's to man vehicles and in cases such as Category 1 and 2 calls a Paramedic is called in addition to attend the patient to provide stability prior to transfer to hospital. ECA's are trained to a First Responder in Emergency Care (FREC) level 3 and level 4, and are blue light trained.

I propose employing ECA's to work part time hours to be based in Alston Moor. This will allow for a greater number of ECA's to guarantee cover 24/7.

The ECA will remain in Alston for 2 years to gain experience and after 2 years, and if the ECA desires, they can apply for EMT apprenticeship or Paramedic degree. As they are part time this would allow for them to attend college/university and remain in Alston Moor to cover set number of shifts per month, this would ensure ongoing cover.

If an ECA chooses to take the paramedic degree, it is understood that they would need to cover other areas, however, one shift per week could be allocated to Alston Moor. This would ensure the support to other ECA's and promote the recruitment of new ECA's. This could provide those people living on Alston Moor the opportunity to join the service, reducing the individuals travel time and the risk of weather delays, as we are far more adept to managing the roads on the Moor than people from outside the area. This progression allows for further ECA's to join the team. This can be seen as an ongoing career opportunity for our young people.

Alston Moor's current EMT's could be employed as ECA's working with new ECA's using their current skills and knowledge of the role and the area to guide new recruits and ensuring the continuation of our EMT's until their retirement.

To support the ECA's I would propose a full time Advanced Paramedic (AP), Community Paramedic or Advanced Nurse Practitioner (ANP) to work with the GP service to assist with same day appointments and be available as the support practitioner to assist in Category 1 and 2 calls when the ECA's are in attendance. Alternatively, the AP, Community Paramedic or ANP can be based in the minor Injury unit attending to any injuries or illnesses that self-present, thus reinstating our Minor Injury service again. This could continue overnight

unless an on-call rate is applied. This role would not take an existing member of staff from NWAS or NEAS but funded from elsewhere, such as GP services.

A second ambulance is always called to a cardiac/respiratory arrest therefore this would not change from the current arrangement, however, the AP, Community Paramedic/ ANP can support the service in the event of cardiac /respiratory arrest where drugs are required prior to the arrival of the ambulance from Penrith or Carlisle, and they would transfer the patient to the hospital.

With the introduction of ECA's, when patients require transfer the AP/ANP will be available to cover any further emergencies, while the vehicle and crew are off the Moor.

On a much broader perspective Alston Moor could be the first rural community that provides all of its healthcare needs in one place. Re-opening the X-Ray service to serve the Minor Injuries, DVT scanning service, near patient blood testing (D-dimer, Troponin, CRP etc) Podiatry, Mental Health support, ultrasound scans - these could all be held once a week from the hospital. Patient's requiring IV antibiotics can attend the Alston hospital to avoid a general hospital admission. Dressings clinic and phlebotomy service too as this has become difficult at the surgery due to their lack of staff. All of these services can be managed by the AP, Community Paramedic/ANP, nurses and healthcare staff ensuring continuity of service, a quality service for residents and despite the view of some sceptics they would be kept active throughout their shift.

There will be an opportunity for all staff to rotate between services to ensure that skills remain competent, as it has been stated that the current EMT's have lost some of their skills over the years. Rotating appropriate staff to the ambulance and hospital will ensure that all areas will be covered at all times.

The key throughout this proposal is for a bespoke service for Alston Moor, but it could be regarded as a bespoke service for any rural community, and indeed take this service beyond Alston Moor crossing borders to ensure everyone has an emergency service they deserve. NWAS have consistently put the responsibility of developing a sustainable and visionary service in the hands of its residents and we are presenting this proposal for due consideration and discussion.