



West Midlands Ambulance Branch

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Survey on the Reduction in night cover at WMAS

There have been numerous comments and concerns raised on our have you say page, via email, text message and telephone calls regarding the proposal by the service to reduce the number of ambulances in the Black Country between 0200 and 0600. Black Country crews know that they are out all night now so to reduce resources must have a knock on effect. This topic has merged both road staff and EOC staff in the possible detrimental impact to patient care, the ability to send any resource and the problem of responders waiting for urgent back up. There have also been whispers from Management in other areas of the region and the matter is causing concern.

- ⊕ Do you believe patients will be put at risk in the Black Country/other areas of the Region with the reduction of crews on duty at night?

YES 94% NO 6%

- ⊕ Do you believe it is fair that EOC staff are put in a situation where they are short of resources or have no resources at all at night?

YES 9% NO 91%

- ⊕ Do you believe it is fair that responders will have to wait longer for backup in what sometimes can be a very difficult situation with a sick patient or anxious relatives becoming more upset and anxious? CP's, RRV's, & CFR's will all be placed under additional stress at the scene.

YES 13% NO 81%



A selection of comments on Question 1 of our Survey

Crews from other sectors Shropshire Birmingham will be pulled across to cover the shortfalls. So there will be clearly an impact on patient care.

I work in Kidderminster and find myself in the Black Country a lot at night - leaving Worcestershire short. If their work load increases in Black Country and staff have been reduced then staff are moved sideways at some point patients will be put at risk and are the public fully aware of this?

Already patients have to wait for responses, cutting further will endanger life.

Reduction in cover always puts people at risk; we are doing more cases, not less.

An obvious conclusion! We have been as busy on nights as during a day shift for a long long time now!!

Nights or days are the same work load or almost now.

Patient care out of the window

We are busy day and night and to drop night cover because some computer system says we are not busy during the night would be foolish and a huge risk to patients

We are already busy and out all night. With a reduction in crews how are the remaining crews supposed to deal with the extra workloads?

A backward move reducing cover at night. Puts everyone under undue strain/pressure. Does nothing for patient care, only reduces it greatly.

It appears the service want to increase the number of St John crews at night, a cheap option.

Nights are busy in many places - checks should be made to see if it is possible rather than just doing it - WMAS should publish the data if it's been done!

Already we (RRV) are unable to get a 'hot' response back up at 4am as everyone is on jobs or on their late breaks. Unacceptable.

Only an idiot would think otherwise. This is a cynical money-saver which they will defend with the usual lies and distortion of facts!

Nights are as busy as days the only real difference is that the shops are shut

Night crews/RRVs are already stretched; cutting cover WILL make things worse.

Lives are already at serious risk from the shoe string cover we are running at present. Never mind cutting it further.

On my last set of nights we spent all our time over the Black Country.... and all night they were calling out for outstanding 999 calls in our own area....

Patients are already put at risk with the current number of crews - heaven help us if it is reduced.

I work from a ambulance station in Birmingham we are constantly being given jobs in the Black Country and more since the new hub has opened, we are frequently driving on blue lights for greater than 20mins so not sure how reducing cover would help.

We are stretched and struggling with the resources we have at the moment, we don't need a reduction we need more cover.

YES, how many of our families live in this area that this ludicrous proposition of reducing cover is going to happen. We cannot cope now and god forbid anything big kicked off, WMAS

Already difficulty covering cases at present with long waits for backups

Why is the service going to increase St John cover at night? What's the game?

Crews will be dragged in from other areas thus depleting that area.

We cannot meet demand now with our existing resources!

We can't cope at the moment with the existing resources and how do we cope with even less resources.

There are always outstanding jobs after 2am, people are going to die!!!!

Of course the public will be at risk, you cannot even with the best software in the world predict how many and where the next call will come from!!

Some wait too long for a vehicle at night as it is.

Currently work within Birmingham is the highest I have seen in 2 years and getting busier especially at night

by the time all the hubs are opened and night shift cover is reduced it will be too late for patients and staff will be so busy trying to keep up that people will start to become unwell with exhaustion.

They tried this in Redditch 15 years ago and it was shown not to work

They suffer already because we are so busy, it can only make it worse.

A selection of comments on Question 2 of our Survey

As a controller in BBC I am fed up of spending my time scratching around for a crew to back up an rrv or running over 10 mins to a cardiac arrest. It's depressing and makes you feel your rubbish at your job

The patient suffers in the end.

Leading question

The poor eoc staff are used like pawns in a game and should not be subjected to this,

Patient care out of the window

Maybe they will then use the resources correctly.

Nor should patients have to wait.

EOC have a thankless task at the moment, not helped by being run by a bunch of (edited...) bleep, bleep, bleep.

They will be forced to manage with fewer resources. Only an impact on managed times will bring about change

No one should be put in that position

They are struggling as it is

It is not fair. When resources finish now at 2am there is a clear struggle to cope.

EOC work hard and I know some take it personally and worry that cases are uncovered

All we hear is "zero status" and "outstanding 999's" on a regular basis.

The knock on effect for other localities will reduce the patient care around the region.

Not fare at all it's not their fault and it just causes further conflicts with road staff

It is disgraceful they are expected to provide a safe service with less resources than are needed to deal with the caseload on a daily, and nightly, basis

I really feel for them when they are screaming out for cover as it is.

A selection of comments on Question 3 of our Survey

Staff put under more pressure relatives and patients but under unnecessary stress and potential for patient to lose their life

This is what will happen if DMAs are reduced. Simple mathematics really.

At night people are more likely to be intoxicated, tired etc, and are therefore more likely to be violent when they perceive they are not being treated in a timely manner

I myself have had this problem on a few occasions and therefore no longer work on a car and refuse to, when left with a woman I was resuscitating for over 45 minutes with no back up.

Patient care out of the window.

If resources are put on in the right place where they are needed and EOC use them as they should then no RRV should have to wait long for backup.

Dangerous

Time the media were fully briefed on this?

See and treat has not been successful with nuclear audit of its progress hcrt teams highlight a similar mistake

As a RRV I am already waiting too long for crews to back me up.

It's a daily occurrence that family and patients become angry towards staff due to the already delayed back ups

Poorly patients need to go to hospital sooner rather than later. Any manager remember "The Golden Hour"?

We could use some guidance on what is the acceptable 'cut off' for DMA back up (I'm sure there is an agreed time). Anything over this must be reported on a '54. If Unison could advise what this figure is, it would really help.

The job can be stressful enough as it is without leaving staff in difficult situations for longer than necessary because of a lack of resources. And it isn't just a solo, if you're on a DMA at a maternity and need a second crew you'll be lucky during the day time, imagine at three in the morning with even less crews than we have now.

I work as a CP in the Black Country. Waiting on scene times have gone up, there is no doubt about this and I myself have been with ill patients who required immediate transfer to hospital. Having to wait an hour now isn't good. God help us all if these plans go ahead. We need to increase cover on nights and even more in the day time. The service is seriously screwed up putting finances first and patient care last. Vision and Values, my arse!!

CFRs have limited resources and skills for a big sick patient. Big sick don't need their hand holding, they need TRANSPORT

As a responder I have been in the situation where a patient is deteriorating with no back up available and also having to defuse angry and worried relatives for my own safety.

All this will do is prolong back up. Up to 1 hr times are becoming more frequent, thus stress levels are on the rise.

This is nothing to do with patient care but to stop the clock.

The service will get away with it until someone dies then the responder who was dealing with the patient will be used as a scape goat, the service only cares about times not patients or care of both patients and staff!

I have waited in excess of 45 mins for a crew for a poorly patient now so if crews are cut that will just keep increasing

I personally have waited 20 minutes for back up on a respiratory arrest post choking, and frequently wait 30 mins+ for MI and fitting patients to get a DMA

Heard some horrendous stories from RRV staff.



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