

UK COVID-19 INQUIRY

OPENING STATEMENT OF THE INDEPENDENT AMBULANCE ASSOCIATION (IAA)

Introduction

1. The following is an outline Oral Opening Statement made on behalf of The Independent Ambulance Association (IAA).
2. We are very grateful to the Inquiry for its considerable work in preparing for the start of the Module 3 hearings and for having been afforded an opportunity to participate in, and contribute to, this module of the Inquiry's work. In particular we look forward to providing feedback on the difficulties the IAA encountered while carrying out its vital work during the pandemic, but also highlighting the contribution made by independent ambulance providers to NHS services, and particularly their willingness to adapt and innovate to address the challenges faced.
3. Our belief is that the contribution made by members of the IAA during the pandemic, including the provision of services and support at a time of national crisis, has not been properly recognised or acknowledged.
4. The innovation shown by independent ambulance providers during the pandemic, including the readiness to adapt to new ways of working (including

upskilling of staff) has resulted in Commissioners engaging with providers to explore new service delivery models for patient transport services.

5. This statement highlights in headline terms the key challenges the IAA faced while operating during the pandemic and under Covid restrictions. The concerns set out all relate to matters within the scope of Module 3.

The Independent Ambulance Association (IAA)

6. The Independent Ambulance Association (IAA), is a not-for-profit trade association formed in 2012 to be the voice for independent ambulance providers across the UK with key stakeholders such as NHS England, the Care Quality Commission (CQC) who regulate care providers in England, the Association of Ambulance Chief Executives, and the Department for Transport.
7. The IAA has over 50 Members providing a range of services including:
 - I. Non-emergency patient transport services;
 - II. 999 front-line responses on behalf of Ambulance Service NHS Trusts;
 - III. High dependency transfers;
 - IV. Mental health transportation;
 - V. Medical repatriation; and
 - VI. Event cover.
8. Approximately half of all NHS funded non-emergency patient transport is provided by independent ambulance providers, who collectively employ around 15,000 staff.
9. The vast majority of the work carried out by IAA Members is non-emergency patient transport services (NEPTS). It was the contribution of NEPTS providers supporting the NHS during the pandemic that mitigated the impact of Covid, and ensured patients continued to receive life-saving treatments, such as kidney dialysis, but also pivoting the services provided to move Covid patients to and

from hospital, often at considerable risk to their staff. This is described in greater detail below.

10. IAA Members also supported frontline 999 services and Covid response teams. This work included testing staff and patients during outbreaks in hospital wards and community settings including homes, using mobile testing facilities. These facilities were also used to test patients before hospital admission for treatment. One provider was testing up to 250 patients a day.

Key Challenges

Equipment Shortfall: Accessing PPE, Lateral Flow Tests

11. Global demand for PPE and lateral flow tests resulted in supply challenges across the UK. Normal open-market supply chains were effectively usurped by the Government in favour of managed provision through NHS or local authority managed portals. Some members reported problems in accessing these portals and in these circumstances IAA members were advised to access PPE via NHS hospitals in order to comply with prevailing Guidance. This was not ideal and feedback from IAA Members indicates that this might vary on a day-to-day basis. The approach to supplying providers contracted to the NHS with PPE and lateral flow tests was a concern; inconsistencies in accepting providers onto PPE and similar frameworks resulted in uncertainty and disruption to services, and put staff's wellbeing at risk.

Equipment Shortfall: Medical gas supply and capacity

12. Problems were experienced early on in accessing portable oxygen cylinders from BOC, the main provider of medical gasses to the ambulance sector.
13. Another problem concerned the supply of oxygen. Oxygen and oxygen cylinders were in extremely high demand in the UK and globally. The main oxygen supplier

(BOC) was unable to meet the unprecedented demand for oxygen. There were times when it was evident there was insufficient medical gas production capacity in the UK. Independent providers were unable to replenish stocks for existing cylinders resulting in vehicles not being operational.

14. On a practical level, independent ambulance providers were frustrated in their efforts to put newly commissioned (or re-commissioned) frontline vehicles to operational use due to the lack of oxygen cylinders.

15. The supply of medical gasses continues to be an issue today. Feedback from an IAA business partner who provides medical gases is that there is an ongoing reliance (and therefore vulnerability) on offshore manufacturing of medical gas cylinders, particularly oxygen, with a lengthy lead time for new cylinders.

Unregulated ambulance providers

16. The IAA raised concerns with the Care Quality Commission regarding unregulated ambulance providers carrying out regulated activities.

17. It appeared that some of the non-regulated providers were advertising for staff in response to the Covid challenge, having circumvented the normal approvals process by being sub-contracted by CQC regulated providers. These unregulated providers are not subject to the same rigor of CQC inspection and patient safety assurance.

Financial Instability

18. In the early stages of Covid, NHS funded non-emergency patient transport journeys reduced from 100% to less than 40% in the space of two weeks.

19. The reduction in income undermined the financial viability of independent ambulance providers, who would legally be required to cease operations and enter administration, putting services at risk.
20. The IAA requested financial support from Government through one of its points of contact in NHS England on 12th March 2020. Confirmation of financial support for NEPTS providers was received from the Cabinet Office on Saturday 21st March 2020 and was immediately circulated to Members.
21. This financial support from the Government for NEPTS contracts ensured independent ambulance providers were able to support the NHS in its Covid response:
- Transporting patients for life-saving treatments such as dialysis;
 - Capacity to transfer patients to and from the temporary Nightingale Units; and
 - Providing essential transport for Covid infected patients that Ambulance Trusts' front-line services didn't have the capacity to do.
22. However, this wasn't patient transport as normal:
- Social distancing requirements limited the number of patients in vehicles;
 - Hospitals established 'one-way' systems that needed to be navigated; and
 - Vehicles needed to be decontaminated after each journey.
23. NEPTS crews in both Ambulance Service NHS Trusts and independent ambulance providers 'stepped up' to the challenge of transporting Covid infected patients at a time of huge uncertainty and personal risk to themselves, their families and loved ones of contracting Covid.
24. The effects of Covid continue to be felt by ambulance providers. There have been some improvements, but the NHS continues to be under enormous pressure, in part due to the backlog of patients requiring diagnosis and treatment, but also increases in the costs of providing services.

Mental health patients

25. The well-being of mental health patients was noted as a concern by many IAA members during the pandemic. The availability of mental health beds during Covid was limited and this continues to be an issue.
26. The lack of beds locally results in patients making long journeys at short notice in order to receive the appropriate care, as well as presenting a practical challenge for family and loved ones to visit and provide support.

Key-worker recognition

27. The IAA was frustrated by the delay, and an apparent reluctance, for 'key-worker' status to be assigned to non-NHS staff delivering services to the NHS and Government to support the Covid response.
28. This lack of key-worker recognition impacted several areas:
- Staff feeling less worth than colleagues in the NHS doing the same job;
 - Access to vaccinations, PPE and lateral flow tests;
 - Priority for fuel and essential shopping;
 - The risk of being arrested for simply travelling to and from work during the most severe periods of lockdown.
29. Despite the obvious risk to themselves, their families and loved ones, NEPTS staff confronted and met the challenges, ensuring patients continued to be taken to centres of treatment or moved within the community. It is noteworthy that the hourly rate for these staff is only marginally over the national minimum living wage.

Key Changes for Consideration

A greater central role within NHS England for non-emergency patient transport

30.Despite the NHS investing in excess of £500m in non-emergency patient transport services, this level of activity is the only one within NHS England that doesn't have a permanent national team providing oversight and leading the work.

31.In our view the establishment of a permanent national team would bring consistency in approach to commissioning of services at an ICB level, whilst also providing innovation, equality of access, and ensuring value for money.

A more strategic role for Ambulance Service NHS Trusts

32.During the height of the pandemic, when the number of infected patients placed unprecedented demand on patient transport services, NHS Ambulance Trusts took on a more strategic role, co-ordinating and deploying the assets (vehicles, staff, and equipment) of independent ambulance providers.

33.The London Ambulance Service NHS Trust, for example, who do not themselves provide non-emergency patient transport, co-ordinated with NHS Hospitals on the patient movements required in the London area and directed independent ambulance providers to carry these out.

34.This worked very well and was made possible by the underwriting of PTS contracts by the Cabinet Office. There is a more natural fit with NHS Ambulance Trusts providing this commissioning/co-ordination role than Commissioning Bodies managing frameworks.