Witness Name: The Independent Ambulance Association
Statement No.: Submission 3
Exhibits: 14
Dated: 13th February 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF THE INDEPENDENT AMBULANCE ASSOCIATION (IAA)

The Independent Ambulance Association (IAA), will say as follows: -

1. 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.

2. The IAA has over 50 Members providing a range of services including:
    - Non-emergency patient transport services;
    - 999 front-line responses on behalf of Ambulance Service NHS Trusts;
    - High dependency transfers;
    - Mental health transportation;
    - Medical repatriation; and
    - Event cover.

IAA Membership

3. IAA Membership is available to providers registered with the Care Quality Commission.

4. Associate Membership is offered to providers based in Scotland, Wales and Northern Ireland (which have devolved Health departments and regulations), provided they meet IAA Membership criteria.

5. IAA Members are expected to uphold a Members Charter which provides an added layer of assurance above being registered with the CQC. Similarly, IAA Directors are expected to uphold a Directors Charter.

6. The following **AH/01 INQ000273752** provides background information on the IAA and its operational structures.

7. Research conducted by NHS England in 2019 identified the NHS invests over **£500m** providing non-emergency patient transport. Between **11 and 12 million patients** are transported every year (the largest number being dialysis patients). Some **140 million patient miles** are covered annually by non-emergency patient transport providers.

8. Around 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).** In our view it was the contribution of NEPTS providers supporting the NHS during Covid that mitigated its impact, 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 Hospitals, at great 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.

Involvement with key stakeholders

11. The IAA was an active participant in the review of Non-emergency Patient Transport Services published in 2019. The final report is attached as **AH/02** INQ000273758.

12. The Association's Executive Chairman (Alan Howson) is a Member of the NHS England's Improvement Board overseeing the work of the Team implementing the recommendations of NHS England's Review of non-emergency Patient Transport Services. This recognises the contribution the Association and the independent ambulance sector makes to the NHS.

13. The IAA are represented on two Expert Advisory Groups, one advising NHS England and NHS Improvement on non-emergency patient transport, the other the Care Quality Commission on changes in approach to their Regulations.

14. Summary of CQC and NHS Advisory Groups. Both advisory groups provide strategic advice to the CQC/NHS England and NHS Improvement on the implementation of their current strategies, the development and implementations of their transformation programmes and the developments of future strategies.

15. Their roles are to provide expert support and guidance and to provide oversight of accountability of implementation programmes. The groups have abilities to make decisions and recommend any actions relating to programme delivery. Meetings are held regularly and full terms of reference are exhibited at **AH/03 INQ000273759**

16. The Association's prior level of engagement with NHS England and NHS Improvement and the Care Quality Commission was instrumental in their

being able to raise key issues and challenges throughout Covid, also acting as a trusted and responsible conduit for sharing information with the independent ambulance sector.

17. Whilst the individual points of contact within these organisations may not have been directly responsible for issues being raised, they knew who would be best to provide the answer or consider how best to address these. This isn't a criticism of the system; it does however highlight the reality of working with large and complex Government Departments in unprecedented times.

Pre-pandemic planning

18. The IAA is not a provider of ambulance services and as such had no plans in place to deal with the demands placed on the UK healthcare system by the pandemic.

19. All independent ambulance providers in England contracted to the NHS are required to have **Emergency Preparedness, Resilience and Response (EPRR) plans** approved on a local/regional basis. These plans ensure that when **Major Incidents** are declared, i.e., when demands on emergency services overwhelm the normal resources available, additional support can be drafted in.

20. An example of the areas covered by EPRR plans can be found at **AH/04** INQ000273760.

21. The sheer scale, disruption, and impact of the pandemic required new ways of safe working to be found that were sustainable – ambulance staff were at the forefront of patient contact during the pandemic.

Normal IAA activity, Pre-Pandemic

22. The Association disseminates information from key stakeholders and developments taking place, normally through a quarterly Members Update, or by exception if necessary. This has included:
    - Consultations on changes in regulations or aspects of Law (e.g. Road Traffic Act);
    - CQC concerns regarding clinical or operational practice;
    - New developments in technology or services;
    - Opportunities to engage in workshops and similar, e.g. with NHS England.

IAA activity during Covid

23. The IAA convened an extraordinary Board meeting on 17/3/20, noting the potential impact of Covid and what advice to share with their Members.

24. Due to the challenges being faced by the Members and the sector, IAA Directors met a further 27 times (virtually) between 17/3/20 to 11/9/20 to discuss and agree on actions across a wide range of areas; in context, IAA Directors usually meet 4 times a year.

25. The main focus of these meetings was to ensure their Members were aware of the latest Guidance and best practice, and also to assist them in pivoting from their normal contracted work to supporting the NHS and Government to meet the challenges of Covid.

26. Minutes from their Covid Board meetings can be viewed at **AH/05 INQ000273761** attached.

27. Clarification points as requested:

1. *27.3.20 – AH to share updated CPR advice for Covid-19 patients with Members.* Please clarify what this advice was.
   Links to the latest Government advice on CPR/PPE and similar were shared with Members through our Covid Updates. These Government pages became go-to reference points and Members were advised to check the pages regularly.

   Notwithstanding, the Association alerted it's Members to any changes in Guidance or new Guidance on a regular basis through our Covid Updates.

2. *1.4.20 – clarify – bulkheads;*
   There was some confusion on whether the guidance published by Government to NHS Ambulance Trusts on the fitting of bulkheads applied in Ambulances extended to PTS vehicles too, given these vehicles were also moving Covid positive (or suspected to be Covid positive) patients.

   Where bulkheads were not fitted between the cab and rear of the vehicle, the Guidance included advice on the wearing of masks.

   Given this, Providers viewed the fitting of bulkheads as being 'best practice' and to worked towards this over time; the Association shared information on providers who had designed temporary solutions and fitting services.

   To the best of our knowledge vehicles weren't checked by any outside bodies, CQC having stopped in-person visits.

Providers were keen to minimize any risk to their staff whilst transporting patients. Providers were also mindful of the need to ensure they were not breaching any conditions of their liability insurance by not following Government Guidance.

clarify – chlorine tablets; action required
Providers were keen to ensure they were minimising the risk to staff and patients by thorough cleaning of vehicles and points of contact (such as wheelchairs and similar), also ensuring they were complying with Government Guidance in place at the time.

There was some initial confusion with the reference to chlorine tablets as to whether existing cleaning and disinfection agents were compliant. Ultimately this was resolved on a local level through liaison with Infection Prevention Control Teams.

PPE shortages, action required
The Association tried repeatedly to find a mechanism for independent ambulance providers to be given access to the NHS Supplies framework for PPE and similar.

There was no national system in place and ultimately this came down to local arrangements, in some cases with NHS Trusts directly rather than the NHS Supplies Framework. There was no effective central mechanism or directive the Association or our Members were aware of; the experience of some of our Members was that the NHS Supply Framework was for NHS providers only, regardless of whether services were being commissioned by NHS.

testing guidance states PTS staff same priority as clinical NHS staff; Question – is/will there be a reporting requirement?

There was no specific reporting requirement that I was aware of other than records were kept by Providers in case they were asked for evidence by the Regulator (Care Quality Commission) or their insurance companies.

Question – is it likely that, in the near future, PTS providers will be required to transport patients who COVID19 positive and have had aerosol generating procedures (AGP). – What were the issues/concerns being raised and by/with whom?
There was a pivot by PTS Providers from non-emergency patient transport to transporting Covid patients; in some cases between hospitals or from the community to hospital.

Guidance was issued by DHSC on the risk posed when performing cardio-pulmonary resuscitation (CPR) on patients with Covid, air being expelled during compressions of the chest.

It should be borne in mind that not all patients with Covid displayed symptoms, known as asymptomatic patients.

Whilst front-line Ambulance crews were more likely to encounter this risk, non-emergency patients with Covid were also susceptible to cardiac arrest.

The risk was raised by an IAA Director and shared with NHS England to highlight the increased risk to non-emergency staff who were unable to access the appropriate PPE equipment.

3. *9.4.20 – AH to update NHSE/I on areas where things appear to be working (Ambulance Service Coordination), working in part*

(PPE/Testing) and increase in risk/insurance (Covid-19 patients).
Please provide further information about this entry and what the issues were.
In addition to the comments in 2. Above, Providers worked closely with NHS Hospital Trusts, NHS Ambulance Trusts and NHS Major Incident and Planning Teams on the utilisation of 'assets' (eg, staff able to providing testing services in the community) to meet the challenges being faced.

4. *2.6.20 – AH to raise the lack of engagement by Hospitals/CCG's on PTS challenges eg. Social distancing. AH to liaise with NHSE-I.* Please provide further information about this entry and what the issues were, and when/with whom they were raised.
Incidents of Hospitals pressuring Providers to ignore social distancing were shared with NHS England verbally – we were asked not to name the Trusts/CCG for fear of retribution.

The instances shared by Members were made verbally and ranged from 'If you won't move these patients then we'll get a taxi to do it and you'll lose the work' to a more candid 'We don't have the money to support social distancing of patients being transported, just do your best'.

There is a reluctance to name-check those commissioners involved as they are still part of the commissioning arrangements, and senior management in the Providers are no longer in the sector.

28. The frequency of the Board meetings was driven by the challenge or issue being faced; this ranged from securing reliable supplies of Personal Protective Equipment (PPE), changes in clinical practice and requests for Members for assistance (e.g., financial support, medical gases).

Member Updates signposting advice and support

29. The Association provided targeted and focused advice and guidance to Members through Covid specific Updates. Between 12/3/20 and 29/3/22, the Association circulated over 20 Covid Updates, providing advice on topics such as:
    - Patient Transport Guidance
    - changes to clinical practice
    - the NHS Test and Trace App
    - offers of assistance (temporary bulkheads, hotel accommodation)
    - personal protective equipment, both requirements and supplies
    - requests for assistance from Members (e.g., Westminster Council)
    - staff accessing Covid testing and vaccinations.

30. Examples of the IAA Member Updates can be found at **AH/06 INQ000273762**

31. Some of this advice could be classed as 'confirmed', i.e., bodies such as the Department of Health and Social, NHS England, the Care Quality Commission, others were feedback from Members on their experiences or solutions to issues being faced.

Services provided by IAA Members

32. Non-Emergency Patient Transport (NEPTS) is a service provided to enable the safe and efficient transportation of patients to and from their home addresses and between NHS Hospital sites and clinics.

33. The nature of the support non-emergency patient transport providers reflects the nature and complexity of the patients they would normally transport. This is described in more detail below but it's important to note that during the

Pandemic, Covid infected patients and those requiring life-saving treatments, such as dialysis patients, continued to be transported by non-emergency ambulance staff, both NHS staff and those employed by independent providers.

34. The provision of services and the support provided during Covid by the non-emergency patient transport providers and their staff during the Pandemic is largely not recognised or acknowledged.

35. The IAA is keen to ensure that their contribution is noted by this Inquiry, and due recognition afforded.

Transport Categories

36. Transport categories can be broken down into 6 groups:

Outpatient Appointment – to and from a hospital or clinic and a patient's home address.

Admission – from a patient's home address to a hospital site for treatment or surgery.

Dialysis – to and from a dialysis centre or ward and a patient's home address.

Transfer – from a hospital site to a different hospital site for continued care.

Discharge – from a hospital site to a patient's home address after an admission.

Home Visit – in-patients who require a home assessment prior to discharge.

Patient Mobilities

37. There are a number of mobility categories that determine the support and nature of the transport required. This is shown in the table below.

Patient categories	Codes	Mobility definitions
Walker		
Walker	W1	Able to bend into a car
		Can manage their own mobility needs
		Requires no lifting or moving
		No specific medical assistance requirements during the journey
Walker with Assistance	W1A	Unable to bend into a car
		May require assistance from driver
		Requires no lifting or moving
		No specific medical assistance requirements during the journey
Double Crew		
Double crew 2	DC2	Requires the assistance of a 2-person crew to/from the vehicle and/or during the journey
		May require lifting or moving
		May require a wheelchair/carry chair from/to home/appointment to/from vehicle
		Can transfer from wheelchair to vehicle with support
Wheelchair		
Wheelchair 1	WC1	Needs to travel in their own wheelchair
		May require assistance to and from the vehicle
		There is simple access at home and destination (no more than one step)

Wheelchair 2	WC2	Needs to travel in their own wheelchair
		May require assistance to and from the vehicle/during the journey.
		There are steps at home and/or destination
Electric wheelchair 1	EWC1	Needs to travel in their own electric wheelchair
		May require assistance to and from the vehicle
		There is simple access at home and destination (No more than one step)
Electric wheelchair 2	EWC2	Needs to travel in their own electric wheelchair
		May require assistance to and from the vehicle/during the journey.
		There are steps at home and/or destination
Stretcher		
Stretcher	ST2	Requires transportation whilst on a stretcher
		Needs to travel on a stretcher for the duration of the journey
		May require assistance during the journey
Complex		
Bariatric wheelchair	BWC2	Needs to travel in their own bariatric wheelchair
		May require assistance to and from the vehicle/during the journey
Bariatric stretcher	BST2	Requires transportation whilst on a stretcher
		Needs to travel on a stretcher for the duration of the journey

		May require assistance to and from the vehicle/during the journey
Multi-crew 3	MC3	Requires 3 staff
		A risk assessment is usually completed to determine if specialist equipment is necessary.
Multi-crew 4+	MC4+	Requires 4 or more staff
		A risk assessment is usually completed to determine the number of crew required and if specialist equipment is necessary.

A range of vehicles are used to transport these patients, ranging from mini-bus type to fully equipped emergency vehicles for the transportation of seriously ill patients where Paramedics are required to support the patient during transportation.

Access to medical gases

38. Problems were experienced early during Covid in accessing portable oxygen cylinders from BOC, the main provider of medical gasses to the ambulance sector.

39. Two Member companies contacted the Association in early April 2020 requesting assistance in accessing new portable oxygen cylinders; this was escalated via contacts in NHS England and involved NHS Estates and BOC (the main supplier).

40. As with PPE, oxygen was in extremely high demand, as were new oxygen cylinders, not just in the UK but globally. The main oxygen supplier (BOC) was unable to meet the unprecedented demand for oxygen.

41. 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.

42. In one instance, 20 frontline emergency ambulance vehicles sat on the providers car park for several weeks whilst new oxygen cylinders were sourced; in another, 6 re-commissioned vehicles were unable to respond due to a lack of new portable oxygen cylinders. This relates to Para 40 above. NHS England were alerted on 12th April 2020, which they escalated on 13th April 2020, but still took some time to resolve, roughly 4 weeks.

43. This was ultimately resolved when NHS England Estates intervened following approaches by the Association via contacts in NHS England. See **AH/07** INQ000273763.

44. Member companies also reported problems in having existing cylinders replenished, so called 'swapping out'. The shortage of new portable oxygen cylinders continues to this date.

Accessing PPE and Lateral Flow Tests

45. As with medical gases, global demand for PPE and lateral flow tests resulted in supply challenges across the UK.

46. Normal open-market supply chains were effectively usurped by the Government in favour of managed provision through NHS or local authority managed Portals.

47. The Association circulated information to Members on 15th March 2020 on how to register with these Portals. Feedback was mixed; some Member

companies reported no problems being accepted onto the Portals as an NHS contracted provider, others not. See **AH/08 INQ000273764**

48. Members unable to access Portals were advised to access PPE via NHS Hospitals in order to comply with prevailing Guidance. This was not ideal, feedback from IAA Members was that this could literally be 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.

49. In some instances, Ambulance Service NHS Trusts provided letters of support to those managing PPE frameworks. See **AH/09 INQ000273765**

Unregulated ambulance providers

50. The Association raised concerns with the Care Quality Commission regarding unregulated ambulance providers carrying out regulated activities; in the main these were Event companies, whose business activity had ceased as events were cancelled in line with Government's 'lockdown' protocols.

51. Event companies providing medical response services on-site and not intending to transfer patients to a centre of treatment (usually a hospital) are not required to register with the Care Quality Commission.

52. The IAA view was that some of these 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 rigour of CQC inspection and patient safety assurance. Examples can be viewed at **AH/10 INQ000273753**

53. Recognising the need to support the Covid response, CQC published arrangements for changes to provider registrations to assist with the Covid response.

54. A reminder was also sent to regulated ambulance providers as to the requirements for regulation of independent ambulance providers (see **AH/11** INQ000273754).

Financial support to NHS contracted independent ambulance providers

55. 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.

56. 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.

57. The Association requested financial support from Government through one of their points of contact in NHS England on 12th March 2020; this can be viewed at **AH/12 INQ000273755**

58. The Association has asked we make special mention of the support and role played by Fiona Daly at NHS England, and also her colleague Matt Norman.

59. Fiona was the National Sustainability and Workforce Lead, Estates and Facilities (Commercial Directorate), Matt is Assistant Director, NEPTS and Ambulance, who latterly replaced Fiona as the IAA's central point of contact within NHS England.

60. Having previously been involved in the commissioning of NEPTS, Fiona understood the critical role it plays in the smooth running of the NHS, and the consequences the reduction in patient journeys would have: independent ambulance providers would go out of business and many thousands of patients would miss life-saving treatments and support. See **AH/13 INQ000273756**

61. Confirmation of financial support for NEPTS providers was received from the Cabinet Office on Saturday 21st March 2020 and was immediately circulated to Members. This can be viewed at **AH/14 INQ000273757**

62. The PPN-02/20 supplier relief action note set out information and guidance for public bodies on payment of their suppliers to ensure service continuity during and after the Covid-19 outbreak. To ensure suppliers at risk are in a position to resume normal contract delivery following the outbreak.

63. The note sets out the action contracting authorities should take to protect both companies and jobs. It is applicable to all contracting authorities including government departments, agencies, public bodies, local authorities, NHS bodies and the wider public sector. It covers goods, services and works contracts being delivered in the UK.

64. Furthermore, the note addressed supplier relief recommendations. It states that the public sector must act quickly and take immediate steps to pay all suppliers urgently to ensure their survival and that payments must be made to maintain business continuity. The full note is exhibited, as above.

65. 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.

66. 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.

67. 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.

68. 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.

New ways of working

69. During Covid, new approaches to the discharging of patients were introduced and these have continued, such as:
    - the close co-ordination with providers for the timely discharging of patients to avoid long waits and improve the flow of patients out of hospital and freeing up beds;
    - investing in de-misters to rapidly disinfect vehicles; and
    - improvements made to infection prevention, control, and practices has reduced the risk to staff and patients.

A better understanding by Commissioners

70. There is generally a better understanding by Commissioners of the contribution made by independent ambulance providers to NHS services, particularly their willingness to adapt and innovate to the challenges faced.

71. The innovation shown by independent ambulance providers during Covid and speed 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.

72. Feedback from the Association's Members regarding the effect on patient groups identified a change in age groups impacted by the changes in Covid strains; initially the impact was seen more with patients over 50, in the latter stages of Covid, it was patients under 20.

Mental health patients

73. Concern for the well-being of mental health patients was fed back by Members during Covid. The availability of mental health beds during Covid was limited and continues to be an issue.

74. The lack of beds locally results in patients making long journeys at short notice in order to receive the appropriate care. Also, for family and loved ones to visit and provide support.

Key-worker recognition

75. Our client and their Members were frustrated by the delay, and what felt like a reluctance, for 'key-worker' status to be assigned to non-NHS staff delivering services to the NHS and Government to support the Covid response.

76. This lack of key-worker recognition impacted several areas:
    - Staff feeling less worth than colleagues in the NHS doing the same job;
    - Accessing 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.

77. Despite the obvious risk to themselves, their families and loved ones, NEPTS staff stepped up to the challenges, ensuring patients continued to be taken to centres of treatment or moved within the community; the hourly rate for these staff is a little over the national minimum living wage.

78. There are many lessons that have been learned from Covid. Looking forward, there are some aspects the IAA would wish to share with the Inquiry.

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

79. Despite the NHS investing over £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.

80. In our opinion, such oversight would bring consistency in approach to commissioning of services at an ICB level, innovation, equality of access, and ensuring value for money.

A more strategic role for Ambulance Service NHS Trusts

81. During the height of Covid, 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.

82. The London Ambulance Service NHS Trust, for example, who don't 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.

83. 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.

Medical gas supply and capacity

84. The supply of medical gasses continues to be an issue.

85. There were times during Covid 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.

86. The IAA were made aware of one instance where independent ambulance providers assisted moving patients from a hospital whose oxygen supplies were depleted.

87. 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.

88. Our client would welcome the opportunity to provide this important feedback and reflect on the vital work done by its Members during the unprecedented challenges experienced during the Pandemic, and their role in supporting Government and Members for the benefit of patients.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data

Dated: 14th February, 2024