

Mr Stephen HARRY  
National Collaborative Commissioning Unit

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Dear Stephen

Further to my previous correspondence and our subsequent conversations, I am pleased to provide the updated performance data from the Community Welfare Responder/Virtual Ward pilot that we have been undertaking.

### **Data Review**

As highlighted in the data, the provision has continued to perform to similar levels as those previously reported. Working with the clinicians at the WAST Clinical Desk we've been able to divert 29% of patients away from both the Ambulance Service and Emergency Department through finding alternative pathways, such as their own GP (17%) or on scene resolution, avoiding the need for an Emergency Ambulance.

47% of the calls resulted in an ambulance not attending scene and of those where an ambulance was required, 34% had the grade of call changed following assessment by St John Ambulance Cymru Responders, reporting back to the clinician. 48% of patients attended did not travel to the Emergency Department as a result of the intervention and/or signposting provided by the St John Ambulance Cymru Responder.

WAST provided us with some data in relation to the most common call sets the service responded to. For the 'sick person' the service has a 'hear and treat rate' of 37.8% against a rate of 17.1% globally. For calls linked to 'breathing problems' it is 19.4% against a global rate of 8.9% and for calls linked to 'stroke/CVA/TIA', it is 44.4% against 8.3%.

Times travelling to scene, time at scene and clinical desk call back have remained broadly consistent across the pilot. One statistic we have been unable to report on is the utilisation percentage. We have some anecdotal information from the responders for a small number of

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shifts, where they received no allocations. We see this as an opportunity to work with WAST to increase utilisation or awareness of the service, which has been fed back to the project steering group. We are investigating if this is something we are able to collect or calculate moving forwards to ensure it is monitored.

We are extremely proud of how effective the Community Welfare Responders have been during this pilot, and specifically in relation to the 6 goals model and avoiding unnecessary journeys to the Emergency Department.

### **Moving forwards**

Thank you for your indication of continued funding from 1<sup>st</sup> November 2023 to 31<sup>st</sup> March 2024. This is excellent news, and we feel that this will have a really positive impact on communities and help to relieve the expected pressures on WAST over the winter period.

When I wrote to you in August, I outlined an extension option as per the current model which is based on 4-hour evening shifts by volunteers, supported by a full-time provision from our Commercial Ambulance Operation out of Llanelli. Due to some funding coming to an end on one of the falls cars, we would like to move the Llanelli car to Haverfordwest during December which would avoid a redundancy situation for ambulance crew based there. Assuming that this doesn't cause any insurmountable problem, we will engage with WAST as to the effective changeover and utilisation of each car accordingly.

**To summarise - to continue St John Ambulance Cymru Community Welfare Responders based on 84 hours per week in Llanelli/Haverfordwest covering 12-hour shifts, 7 days per week and 3-hour shifts, 4 times per week in each of the other areas (3), totalling 120 hours weekly. Maintaining use of existing vehicles, equipment and bases from 1<sup>st</sup> November 2023 to 31<sup>st</sup> March 2024. The price to extend this service for a further 3,240 hours is £113,400 exclusive of VAT.** We will operate the model in the same manner we currently do so with WAST, where we link into their control room confirming the volunteer shifts in advance and monitoring the use of the funded hours.

Given the predicted demand on health services this winter, we are keen to develop this service further with other Health Boards where possible. Subject to funding being made available, we

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are potentially able to increase the number of cars into other areas depending on our local provision, which would be subject to an additional charge at the same rate if a 12 lead ECG capability is not required (WAST are currently not able to operate with this provision).

### **St John Ambulance Cymru Responders**

A further programme of work is the St John Ambulance Responders scheme that we have signed an agreement for with the WAST recently. This is to allow SJAC volunteers to respond within their local community to their own higher skill set and using SJAC equipment and protocols. This will allow volunteers in local Divisions across Wales to sign on with control in a similar manner as CFRs do, although will sign on for a shift, usually in pairs and respond in a SJAC vehicle.

In Rhayader as an example, the scheme responds primarily to red and amber calls and, working with the Clinical Desk, have been able to avoid a WAST ambulance response in 40% of cases they have attended in August and September this year. Their average time to scene is 09:34 to red calls (09:45 for WAST in Powys) and 11:41 to amber calls.

The only limiting factor to being able to roll this out across Wales is funding. We have limited internal resource to set up a very small number of responder locations in a couple of rural communities but will require additional funding to set up St John Ambulance Cymru Responder teams across Wales. The initial set up of a St John Ambulance Responder Team is £19,483 this covers the cost for a leased vehicle for a 12-month period, alongside kits, training, travel and consumables. Following this a running cost of circa £10,000 per annum. We are seeking support to roll-out this scheme in every community across Wales.

I look forward to hearing from you.

Yours sincerely



Benjamin Savage  
Chief Operating Officer

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## St John Ambulance Cymru – Community Welfare Responders Performance Data

Patients seen to Date

248

Average time to Allocation

1:49:15

Average time to on scene

0:47:09

Average time at scene

1:32:59

Average CSD Call Back

0:23:34



