TIME CRITICAL

THE CASE FOR EMERGENCY CO-RESPONDING IN LONDON

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INTRODUCTION

Emergency co-responding is the term used to describe the mobilisation of two separate emergency services to the same incident for the same purpose. The subject of this report is the potential for co-responding between the London Ambulance Service (LAS) and London Fire Brigade (LFB), which could see London's firefighters attending the most time critical medical emergencies, such as cardiac arrests, when an LAS response would be delayed. The report identifies a workable model for a scheme in the Capital, investigates the benefits, and ascertains the current barriers to implementation.

A TALE OF TWO SERVICES

To fully appreciate the need and opportunity for co-responding between the London Ambulance Service and London Fire Brigade, we must look at how the demand for these two vital emergency services has changed over the past decade.

In 2003 the LAS responded to 770,038[1] emergency incidents compared to 181,551[2] attended by the London Fire Brigade. By 2013 the number of incidents attended by the Brigade had dropped 44% to 102,090[3], whilst the London Ambulance Service had seen a 42% increase (1,090,277[4]) in the number of emergencies it responds to. London's ambulances are now facing a utilisation rate of over 80%[5], whereas the average fire engine spends less than 7% of its time responding to emergencies[6].

Whilst changes to building regulations, the introduction of 'fire safer' cigarettes, and the adoption of proactive preventative work carried out by the Brigade has proven incredibly effective in reducing the number of fires and fire deaths in the Capital; a population growing older and unhealthier has placed mounting pressure on the London Ambulance Service. As the number of fires over the last 10 years has more than halved[7], the LAS is now attending over three times as many cardiac arrests[8].

It would be crude to simply suggest that the vast difference in the two services' utilisation rates is cause enough for the Brigade to start easing the burden on the LAS. However, as the demand on the LFB continues to fall it is reasonable to investigate how much of their excess capacity could be used to respond to the most time critical ambulance calls, without adversely impacting on their ability to respond effectively to fires and other emergencies.

LED BY EXAMPLE

The idea of fire services providing emergency medical response to the communities they serve is a tried and tested one both in the UK and abroad, with examples of fire-based emergency medical response generally falling into two categories:

1. http://www.londonambulance.nhs.uk/talking_with_us/freedom_of_information/classes_of_information/idoc.ashx?docid=79039c32-511e-419d-998e-e742971b49cb&version=-1
2. http://www.london-fire.gov.uk/Documents/Sup03-Historical-data-1970-to-2011.pdf
3. http://moderngov.london-fire.gov.uk/mgconvert2pdf.aspx?id=3188
4. http://www.londonambulance.nhs.uk/about_us/idoc.ashx?docid=575b1a12-326e-419a-9550-ba7dbb8dd8fc&version=-1
5. http://www.londonambulance.nhs.uk/about_us/how_we_are_run/trust_board/idoc.ashx?docid=143dce1-8181-4115-b98c-8b987677f58e&version=-1
6. http://www.london-fire.gov.uk/Documents/Sup12-Charging-for-attendance-at-incidents.pdf
7. http://www.london-fire.gov.uk/Documents/Sup03-Historical-data-1970-to-2011.pdf
8. http://www.londonambulance.nhs.uk/about_us/idoc.ashx?docid=5b916163-09ac-484a-ad9c-a0327c918e23&version=-1

The first model is one in which fire services respond to certain types of medical emergency at the same time as the ambulance service. This is often observed in rural areas both in the UK and abroad, where there may be no ambulance stationed nearby, but in the United States and Canada, fire services in urban areas provide a comprehensive co-response service. In Melbourne, fire services respond to life-threatening medical emergencies on the basis that, no matter how comprehensive ambulance coverage may be, a fire engine can still be expected to arrive before an ambulance on a significant number of occasions. In emergencies such as cardiac arrest, that small time advantage is believed to significantly improve patient survival rates[9].

The second model of fire service medical response is where the fire service is itself responsible for managing ambulance and paramedic provision. The cities of New York and Washington DC in the United States are examples of this model, as are Dublin in Ireland and Berlin in Germany.

Of the 46 fire and rescue services in England and Wales, there are currently at least 18 who provide some form of medical response.

THE MODEL FOR LONDON

This report proposes that a model in which fire services respond to the most time critical medical emergencies, in coordination with the ambulance service, would both help ease the current burden on the LAS and dramatically improve the outcome for patients.

In 2014/15 the London Ambulance Service responded to 15,049[10] 'RED 1 emergency calls', a situation where the patient's condition is immediately life threatening including, but not limited to, reports of cardiac or respiratory arrest. The LAS' target is to attend these emergencies within eight minutes, yet due to the pressure on the service they were only able to achieve this 67% of the time.

The speed of response to these calls can often mean the difference between life and death, as for every minute that a person in cardiac arrest does not receive basic life support their chance of survival decreases by 10%. While survival from heart attacks without immediate CPR and prompt defibrillation is less than 5%, the administration of high quality CPR can increase survival rates to 9%, and timely defibrillation up to 50%[11].

If the London Fire Brigade co-responded with the London Ambulance Service then firefighters could be mobilised to RED 1 emergency calls when an ambulance was either too far away, or none are readily available to meet the eight minute target. Once on scene firefighters would administer emergency care until the LAS arrived and assumed responsibility for transporting the patient to hospital.

London's firefighters already have the necessary training and equipment to respond to RED 1 calls, and save lives. All LFB firefighters currently receive an intensive five day paramedic style course, followed by a three day refresher every three years thereafter. Whilst this training is in no way extensive enough to qualify firefighters to assume the broad array of paramedic responsibilities, it was developed in collaboration with the LAS and includes the use of a defibrillator and therapeutic oxygen necessary to effectively respond to the types of medical emergencies that fall within the RED 1 category. All fire engines are already equipped with general first-aid items plus enhanced

9. http://www.gov.scot/Resource/0046/00460152.pdf
10. http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Ambulance_CQI_Dashboard_v_3_18_2-Apr11-to-Jun15.xls
11. http://www.heartrhythmcharity.org.uk/www/media/files/News_and_Events/Now_is_the_Time_Manifesto_V6.5.pdf

equipment such as an automated external defibrillator, oropharyngeal airways, suction device, C-Spine collars and oxygen delivery equipment.

Based on 2014/15 attendance data this model could see London's firefighters co-responding to nearly 5,000 ambulance calls a year, an average of 95 a week[12]. Out of these calls the Brigade would reach 87% of them within the LAS' eight minute target[13].

Based on last year's figures, this type of co-response could see the speed of attendance to 4,294 people suffering the most time critical of medical emergencies brought back within target, dramatically improving their chances of survival.

BENEFITS TO THE LONDON FIRE BRIGADE

The significant downward trend in fires and fire deaths is a tremendous achievement for the London Fire Brigade, but as the demand for their core service diminishes it becomes harder to justify maintaining their current size. In January 2014 the London Fire Authority (LFEPA) closed 10 fire stations and removed 14 fire engines in response to Central Government funding reductions. Despite decreasing the size of the Brigade by 10%, in 2014/15 LFB continued to meet their rapid attendance targets whilst simultaneously driving down the number of fires and fire deaths to their lowest level in recorded history[14].

The reductions in London are reflective of national reform which has seen a 20% reduction in Central Government funding to the Fire Service over the last four years. There is mounting political pressure for Fire Brigades to work more collaboratively with other emergency services to cut costs and improve efficiency[15]. Within a context of falling demand and diminishing utilisation, the most effective way for the London Fire Brigade to protect its future funding, resource and headcount is to take on more responsibilities. By adopting co-responding the Brigade would not only demonstrate the diversity of its capability but enhance its value to both the Ambulance Service and Londoners.

WHY ISN'T THIS HAPPENING ALREADY?

Whilst other UK fire and rescue services, such as Lincolnshire, have been running successful co-responding schemes for years, London has been unable to even launch a pilot. The reason for this is that rural brigades are staffed largely by part time, 'retained' firefighters whereas London is a wholly full time service. The Retained Firefighters Union (RFU) long ago saw the benefits of co-responding to both the public and the fire service, and have allowed their members to be involved in such schemes. The Fire Brigades Union (FBU) on the other hand took the opposite approach, and has even taken legal action to stop co-responding from taking place[16]. There are examples in other UK Brigades of FBU members volunteering to take part in co-responding, against the advice of the Union, where a blind eye is turned. The London FBU however has taken a very strong line against volunteers in the LFB and has successfully halted the progression of any pilots in the Capital. It is not possible to implement a scheme, such as the one suggested in this report, without agreement from the London FBU. Whilst at a national level the Union's position

12. LAS RED 1 incidents 2014/15 = 15,049. 67.2% attended within 8 minutes = 10,113. 15,049 - 10,113 = **4,936**
13. 2014/15 LFB attendance time to incidents (from moment of call answered)in 8 minutes or less = **86.9%**
14. http://www.london-fire.gov.uk/news/LatestNewsReleases_fire-deaths-cut-in-half-says-london-fire-brigade.asp#.VdRoUvkYGOE
15. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200092/FINAL_Facing_the_Future__3_md.pdf
16. http://therfu.org/wp-content/uploads/2015/01/co_responders_policy.pdf

does seem to be shifting, as they start to appreciate the impact co-responding could have in protecting the Fire Brigade from future funding reductions[17], it is not yet clear if they will decide to move forward, and if they do, what changes to firefighters' terms and conditions they will demand in return.

WHAT NEXT?

This report calls on the Mayor, LFEPA and the Commissioner of the Fire Brigade to push forward with launching a pilot co-responding scheme in London. It appeals to the London FBU to reverse their previous obstruction to such a pilot, noting that the business case for doing so is considerable and will undoubtedly prove positive for the Brigade, the LAS and those unfortunate enough to require an emergency medical response in the Capital. The pilot should not only determine the impact LFB attendance to ambulance calls could have for patients, but also carefully assess the effect, if any, increased utilisation rates has on the Brigade's ability to meet its own attendance targets.

17. http://www.fbu.org.uk/wp-content/uploads/2015/04/Response-to-Medical-Incidents-Conf1.pdf

FEEDBACK

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