



Unison Newsletter

East of England Ambulance Service

East of England
Ambulance Branch
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Emergency Care Assistant Support Worker

The UNISON Branch Position. Introduction by the Branch Secretary



We doubt if there are many of you, whom by now will not have heard of the Emergency Care Assistant, or Band 3 Driver as it has been affectionately nick-named. What you may not be fully aware of, is the opposition that UNISON and the fellow Unions UNITE and the GMB have voiced against the proposed deployment of this particular role on frontline Emergency vehicles by some Trusts.

The East of England Ambulance UNISON branch in particular has put its views across by way of Essex and Herts Divisional Secretary Frank Ward who is not only a member of the National Ambulance Sector but also has a seat on the National Ambulance Partnership Forum, where this role is a matter of continued discussion.

As a Branch we viewed the proposed introduction of this role with concern, but decided we needed to enter into the developing debate with an open mind, and to look at the whole issue as objectively as possible. With this in mind the branch sent Divisional Secretaries, Frank Ward and Jackie Robinson down to the South West Ambulance Trust along with the East of England training and Operational Representatives, to see how the Pilot for this role, or rather the Job Description, Person Specification, and Core Syllabus was progressing.

It was an interesting visit, and it gave us the opportunity to speak with the Training centre staff directly involved with the development of the role. ie- Operational staff who expressed clear concerns about the proposed deployment of these staff; Health and Emergency Operations centre (HEOC) staff who appeared to be unaware of this role in any great detail, and finally with some Paramedic Students currently undertaking their training.

All of whom expressed their concerns about the lack of clarity about this role, as well as the expected level of responsibility these staff would undertake.

South West Ambulance Trust then sent us a copy of the Emergency Care Assistant Resource pack which outlined the proposed core training syllabus. The pack was then circulated out to staff via Station representatives, and we would like to thank all the staff who took the time to send back their views and comments so that we could then feed them into the National Forum.

The following two reports have been tabled at the Local ECA/SW Review group meeting, with discussion and negotiation around this proposed role continuing between the branch and the Trust.

Kevin Risley Branch Secretary

Emergency Care Assistant in the East of England.



The Staffside Position

After extensive discussion and protracted debate by the National Partnership Forum, the unions UNISON-GMB-UNITE have reached an agreed viewpoint regard the implementation of this proposed role within English Ambulance Trusts.

A document has been drafted outlining the official position of the Union Staffside and will be released in time for further discussion at the meeting on October 2nd in London. (This Document should be available for our local group meeting scheduled for August 23rd.)

In brief, after monitoring the Pilot site in South West Ambulance service, we have reached the conclusion where we feel that this role is not fit for the skill mix version currently being proposed,

We have stated our reasons in the National document and have listened to evidence from the Pilot site where there has been problems since becoming live.

We do however accept that there is a useful role for a Support Vehicle which could naturally be staffed by support workers.

For many years now, we have all accepted that there is a need for change in the way we deliver our services. In preparation for the attempted challenge coming from the private sector, there is a clear need to review how, and with what clinical skill mix we convey the large number of patients to hospital, or place of care.

The evidence shows that there is a fairly long list of types of patient who do not require a 'Blue Light' response, and also another list of those who had an element of doubt surrounding the initial call and who could be subsequently dealt with by a lower grade of clinician for the purposes of transport.

We as an industry need to start taking ownership of the categorisation of Patient/Journeys and determine their allocation of resource according to our own expertise, and not be dictated to by other sections of the NHS.

For too long now we have been accepting the demands of the Local ITU, who request a Paramedic Crew to convey the Patient who is seriously ill, but is also to be accompanied by a Doctor and a Nurse !. We need to be seriously asking, why it is that the clinical skills levels need to be so high in these cases.

Cont over-

Another similar misuse of Ambulance services is within the neonatal world where almost all babies are accompanied by the relevant hospital staff. We are still even dictated to by receptionists in GP Surgeries who request a "Paramedic Crew"

When we couple this work with the type of calls generated by other professionals who are making a request for an Ambulance eg– Police at the scene of an RTC, Care Worker in a Care Home– we should be using that expertise to determine our response.

We should be exploring in greater detail, other large numbers of calls which could be resourced better through telephone triage, with the use of singleton responses to determine the actual need of the Patient, the journey, coupled with the type of clinician transport required.

There are many other categories of patient call which could be explored at the forensic level as necessary, which could result in us being able to control our responses, rather than having them dictated and controlled by others.

We have a rule at the National Partnership Forum that does not allow the use of the phrase "in my area", £1 fine is imposed on those who do! I would like to introduce the next part of the text to illustrate as a very 'Local example' of how support vehicles could be very effective and better utilized for a more efficient delivery of our own service. I will willingly donate a £1 for the privilege.

The Clacton Experience.

In Essex, Clacton on Sea is a fairly typical example of how we struggle to deliver an effective Ambulance service. I believe that most, if not all areas and regions have their own 'Clacton'.

Clacton has a very large proportion of elderly residents. It also has a large number of younger people living on various benefits due to a range of rented property available to the local authorities.

Outside of the normal times of the year, Clacton has the ability to more than double its population during school and bank holidays, through an influx of visitors to the many caravan parks available to encourage tourism. The town has the reputation for "sucking resources" in at busy times, it is not unusual to run there on calls from towns as far away as Chelmsford (50 miles).

Clacton has a small cottage hospital with some Care of the Elderly Wards, a small maternity unit with restricted intake and a minor injuries unit which is open 12 hours a day, nurse led with no Doctor available. The nearest 24 hour A & E unit is at Colchester General Hospital, some 20 miles away.

We operate a large Ambulance station with two 24 hour Ambulances and one rapid response vehicle (car). Both of the ambulances, often crewed by a Paramedic and a Technician spend a large proportion of their time travelling on the A120 main road from Clacton to Colchester. An average job time from tip out to return to the locality is two hours. It could be argued that one hour of that is travelling, and half of that is as an empty vehicle. If the clinicians could be left in the town for a larger proportion of their shift, then it would follow that our response would be more efficient, if Clacton had a dedicated 'Support Vehicle' staffed at a suitable level to convey the Patients that needed to go to Colchester, we would see a better delivery of services to the Town. We would also be reducing our costs of conveying a large number of patients, thus addressing the demands of our commissioners. I believe that the 'Clacton Example' is typical of the problems we face as a service, and the introduction of a number of support vehicles is an answer to that dilemma.

Frank Ward (on behalf of Staffside EoE /ECA/SW Working Group. Aug 2007

The National Trade Union Report on the Ambulance Emergency Care Assistant/ Support Worker (ECA/SW) Role.

The Trade Union Partners at the National Ambulance Partnership Forum (NAPF) have formally registered their concerns at the proposals contained in the document entitled ECSW Resource Pack, available on the UNISON Website. These concerns can be summarised as follows:-

- The role as currently proposed is not sufficiently developed to deal with the demands of deployment on an Emergency Front Line Vehicle.
- The higher level of supervision and management that will be required of Paramedics, or any other practitioners in overseeing the ECA / SW role has yet to be properly reflected in a written format, one that should include reinforcing the standards required by the Health Professions Council, including the requirement for Paramedics to effectively supervise tasks that they have asked others to carry out.
- There has been insufficient consultation of the other stakeholders to ensure that they are prepared for the changes proposed.
- The current proposals appear to have been shaped by short term resource and service delivery targets to the detriment of long term standards of patient care levels and a progressive Ambulance career framework.
- Insufficient information and feedback has been formally received from the South West Ambulance Trust where this role has been piloted.

The Employers have agreed to respond to the Trade Union concerns in writing, but stated that they felt the proposed role was sufficiently robust, although actual deployment would be a matter for local consultation.

They advised that they were not aware of any new deployment proposals that have an implementation date prior to 2nd October 2007, the scheduled date of the next NAPF meeting. The employers have agreed to provide the NAPF with details of each other's Trusts proposals for this role. These should have been a matter for local consultation also.

The Unions advised that their position was not to withdraw participation in planned training programmes or from talks locally or nationally over ECA/SW issues including deployment issues, pending the matter being subject to further National discussions including those at the NAPF meeting on October 2nd, 2007.

The National Trade Union Forum.

Is Big Beautiful ?

There has been quite a bit of angst and soul searching amongst some of our members of late.

Some have withdrawn their support for UNISON and moved their membership to smaller organisations. This of course is anybody's right in a free and democratic society, but I would like to take this opportunity to explore some of UNISON's structures which may support the argument that 'big' is actually, if not beautiful, then perhaps reasonably handsome !

UNISON of course is a massive organisation with over 1.3 million members across the UK, it is largely made up of Local Government and NHS workers with the latter numbering around 450,000. For some time now Unions in the UK have tended to join together to form larger and more powerful bodies, the latest being the T & G merging with Amicus to form the largest called UNITE. There are talks underway to explore taking that to the next stage to form some international unions across Europe and the USA. This is in response to best practice which promotes one Union for one Employer. When we have massive multi-national companies dominating the world economies it follows that international unions may be best placed to represent their members interests.

Although we work for individual Ambulance Trusts we are all ultimately employed by the NHS. Our Pay and Terms and Conditions, and our Pensions are determined by the Department of Health which is an organ of the Government. The DOH also has major influence on our day to day work by driving targets, protocols, policies and the constant change and re-organisations which have become synonymous with the NHS of today.

Within UNISON we have structures in place that try and address local, regional, and National issues. Although from the members perspective it may not seem so, but we are very much a member lead union. We have Local and Regional structures that feed though into National ones. As mentioned before we are in UNISON split into two sections— Local Government and Health. The unions main group is the National Executive Committee which has seats from all sections of the Union. One of those seats is currently occupied by an Ambulance Paramedic, Allison Brown from Yorkshire. We then have a Health service group Executive and the Ambulance representative on that body is Joseph Conaghan a Paramedic from Wales. Joseph who chairs our National Ambulance Sector has recently been elected to one of Unison's seats on the Staff Council, which members will recall is the replacement for the old Whitley Council and the joint union and DoH body which determines things such as Pay, Pensions, and Terms and Conditions. Within the Health Group UNISON has several National Sector Committees, one of these is for Ambulance. From Local Branches, through Regional Health Committee's the representatives are elected to that committee to take their regional issues upwards and downwards.

Something quite unique to Ambulance, because of our Trust Mergers, almost mirroring UNISON's regions, we have a National Partnership Forum. This forum meets regularly and consists of six UNISON seats, with two each for GMB and UNITE, plus three full time officers. along with Chief Executives and H.R.

Directors from all the English Ambulance Trusts. This forum meets regularly, and although not discussing Pay or Terms and Conditions, is discussing and trying to resolve important Ambulance specific issues, such as meal breaks, bandings, and unsocial hours. This forum has the full support of UNISON and the Staff Council, as well as the blessing of the Secretary of State for Health. It is hoped to extend this forum to cover the whole of the UK in due course.

The Staff Council has only two seats for UNISON and affiliates who are signed up to the Agenda for Change agreement. These include the main players such as UNISON, GMB and UNITE, RCN, RCM and senior officials from the Department of Health. Smaller Ambulance organisations are not at that table. Being a UNISON member buys you in to that democratic process. It involves you in the broader NHS family. Sometimes putting a cross in a box or responding to a consultative paper may not feel much like being part of the process, but surely it is better than not even being given a box to put a cross in.

The opportunity for any member to get involved in the active decision making process is there for all. Our local branch has the right to send a number of delegates to both the Health Group and National Delegate Conferences, these are the bodies that make UNISON policy and hold Executive Committees and Full time Officers to account, they are the opportunity for members to have a real influence. I am proud to belong to a Union that has presidents who chair these Conference's whose 'day' job' is a Health Care Assistant or Ancillary Worker.

The examples of our Ambulance voice being represented at the highest levels of both our union and the employers have no comparison in other organisations.

We strive to maintain that high level of strategic involvement with day to day station/ workplace issues and, in my view unlike some of our competitors represent all members across Ambulance Trusts, not just Paramedics and Technicians. We are accountable to our members, through the democratic process, and stand by our history of delivering BETTER PAY, TERMS and CONDITIONS for all our members.

We are also actively involved in national campaigns such as 'KEEP the NHS PUBLIC' which is striving to keep the private sector out of our Health Service, which has massive implications for the future of not only PTS but all Ambulance Staff.

Other organisations are not doing this work.

Frank Ward—Divisional Secretary Essex and Herts Regional Representative to the National Ambulance Sector Committee. And also a Member of the National Ambulance Partnership Forum.



Being a member of UNISON ensures that you have the Democratic right to Vote on Your Pay.



Unison Newsletter

This Monthly Newsletter is for the benefit of UNISON East of England Ambulance Branch consisting of (Beds & Herts- Essex & EAAT) UNISON Membership. It is produced on a Monthly basis under the new UNISON East of England Branch No 20106 Your Contributions are therefore welcome BUT must reach the Editor by the last day of the month for the next edition.

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Circulation of this Newsletter is to all Workplace addresses within the East of England Ambulance Trust & all UNISON Contacts.

UNISON Regional Office & Mableton Place. Please note in future Newsletter Monthly publications can also be found on the new Unison East of England Branch Website.
At WWW.eeas-unison.com

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Annual Leave update

Following on from the deferment of the harmonised East of England Annual Leave Policy, the next step is to address the potential shortfalls and problems that have been highlighted in some localities for the forthcoming Christmas and New Year period. In the light of this Senior Branch Officers will be meeting with the Trust to discuss the best way forward. Members will be kept informed.

N.H.S. Cuts Campaign Lobby on November 3rd

Support is being sought from members to attend this event, which is to take place in London and whose message is to "KEEP THE N.H.S. PUBLIC" This is the ideal opportunity to make your voice heard about the Governments reorganisation of the PUBLIC SERVICES and the effects these changes will have ON YOU and YOUR FAMILY. It would be very good to see a UNIFORMED TURNOUT FROM THE AMBULANCE TRUST. PLEASE Contact Jackie Robinson at jrobinson@eeas-unison.com if you would like to come along to this event, so that transport can be made if appropriate.

**The Closing date for your Pay Ballot vote is 13th September.
Please use your Vote !!!**

You can get more about Membership services offers from UNISON direct ON -0845-355-0845