Direct Dial/Ext: 01622 694196
Fax:
e-mail: tristan.godfrey@kent.gov.uk
Ask for: Tristan Godfrey
Your Ref:
Our Ref:
Date:

Dear Member

HEALTH OVERVIEW AND SCRUTINY COMMITTEE - FRIDAY, 4 JANUARY 2013

I am now able to enclose, for consideration at next Friday, 4 January 2013 meeting of the Health Overview and Scrutiny Committee, the following report(s) that were unavailable when the agenda was printed.

Agenda No	Item
8	**South East Coast Ambulance Service NHS Foundation Trust: Performance Update (Pages 1 - 8)**

Yours sincerely

Peter Sass
Head of Democratic Services

This page is intentionally left blank

South East Coast Ambulance Service NHS Foundation Trust

Emergency and Urgent Care Performance Update

Service Delivery Performance Update

The following graphs provide information appertaining to performance data for the Kent and Medway area from 2008 to quarter 3 2012.

Fig 1 indicates the rise in the number of received 999 calls over the period and shows a 31.5% increase over the identified time period.

Figure 1: Total 999 calls in Kent and Medway by quarter 2008-2012

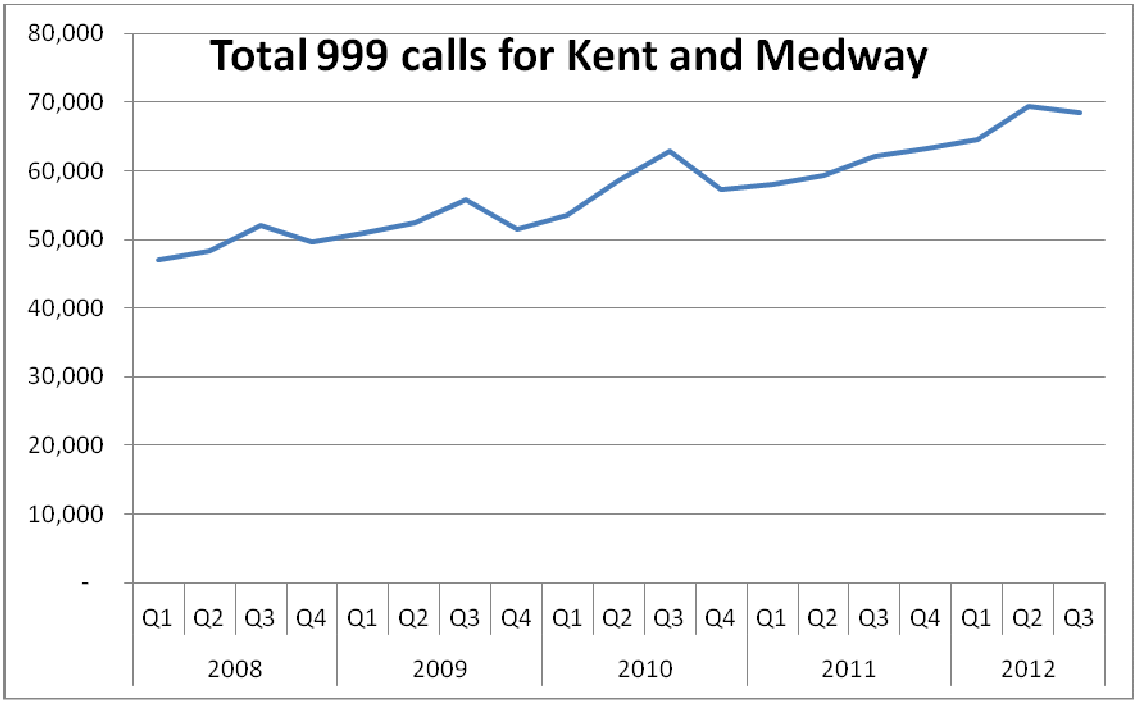
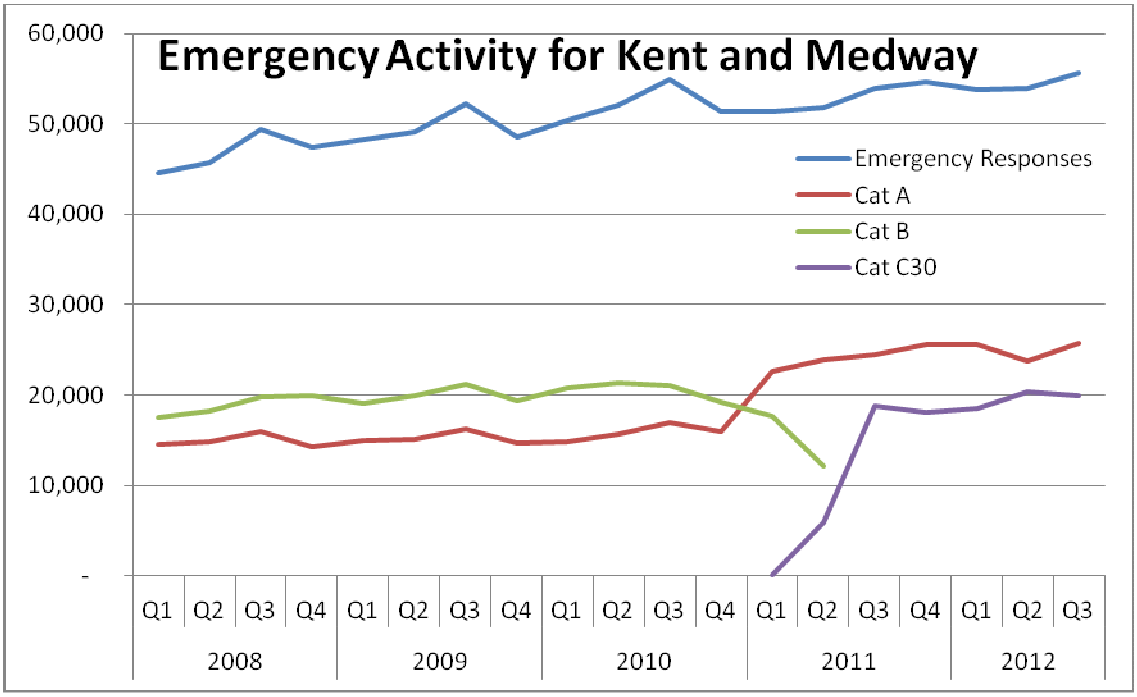


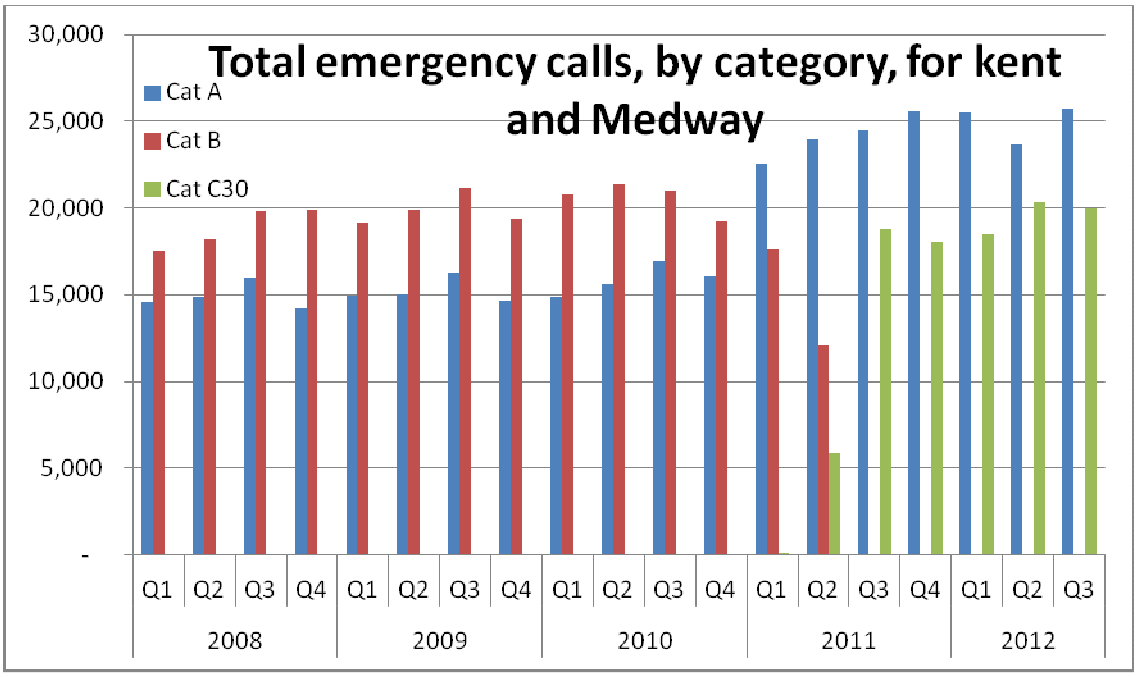
Fig 2 indicates the total number of emergency responses to emergency calls received from 2008 to quarter 3 2012 and further breaks them down into their specific categories.

Figure 2 cat of 999 calls received



You will notice in fig 3 that there is a reduction in Cat B, this is due to the fact that whilst we were implementing NHS Pathways, the DH had not provided the mapping of NHSP to the new codes hence the dwindling numbers of Cat B as we migrated from AMPDS to NHSP.

Figure 3 total emergency calls categorised



We currently record all transports regardless of those patients who are not conveyed to an acute hospital. Fig 4 identifies Kent and Medway's transport percentages since 2008 and shows our current transport rate of 69%

Figure 4 % of 999 calls that result in a transport

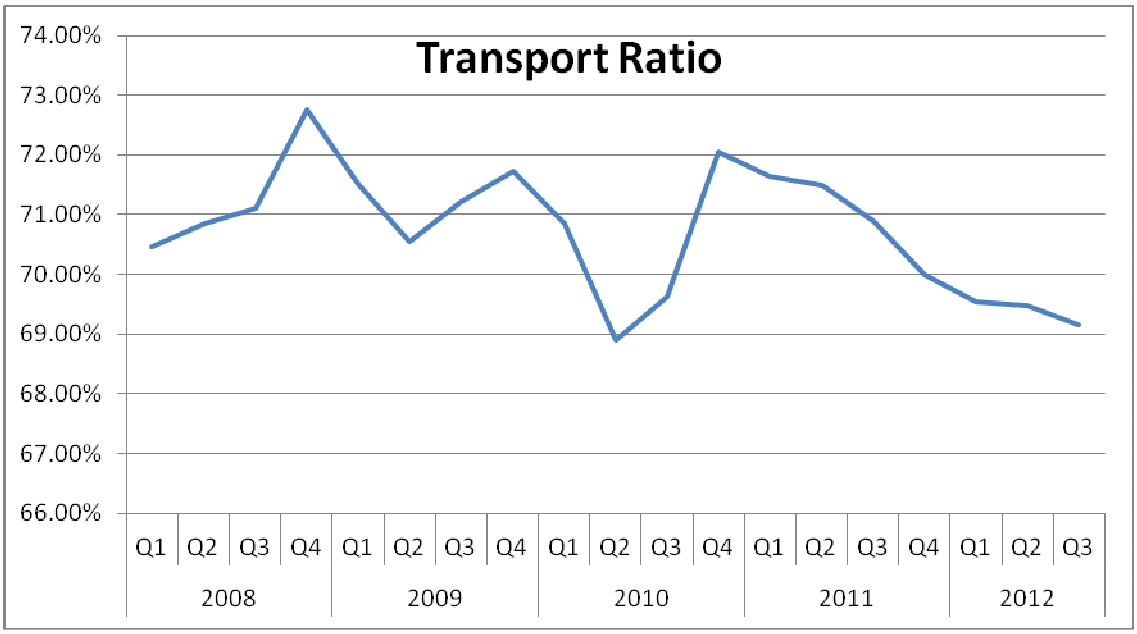


Fig 5 shows a 43 % increase in Cat A calls since 2008

Figure 5 Cat A responses only

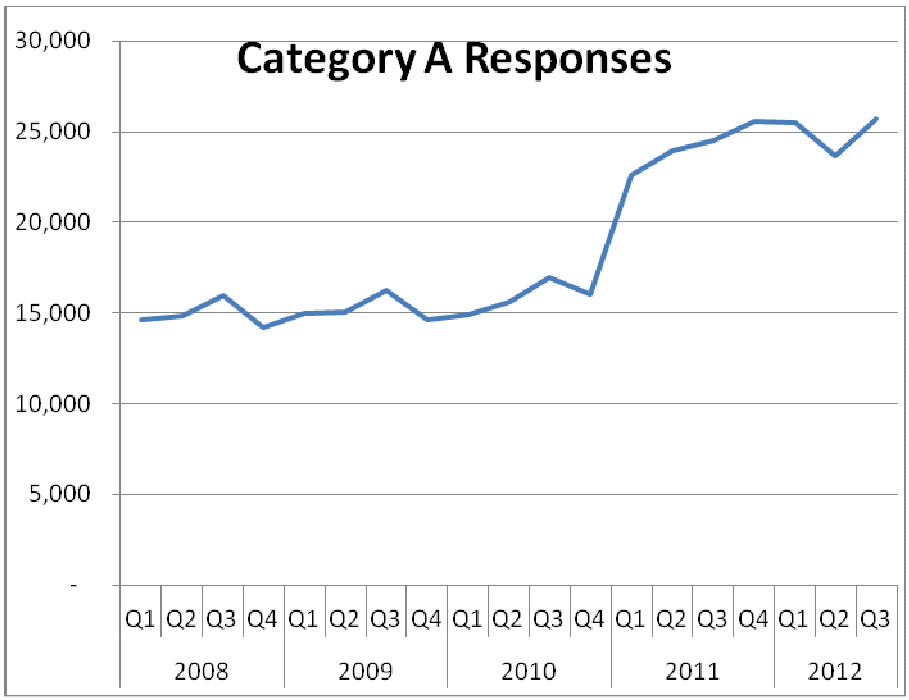
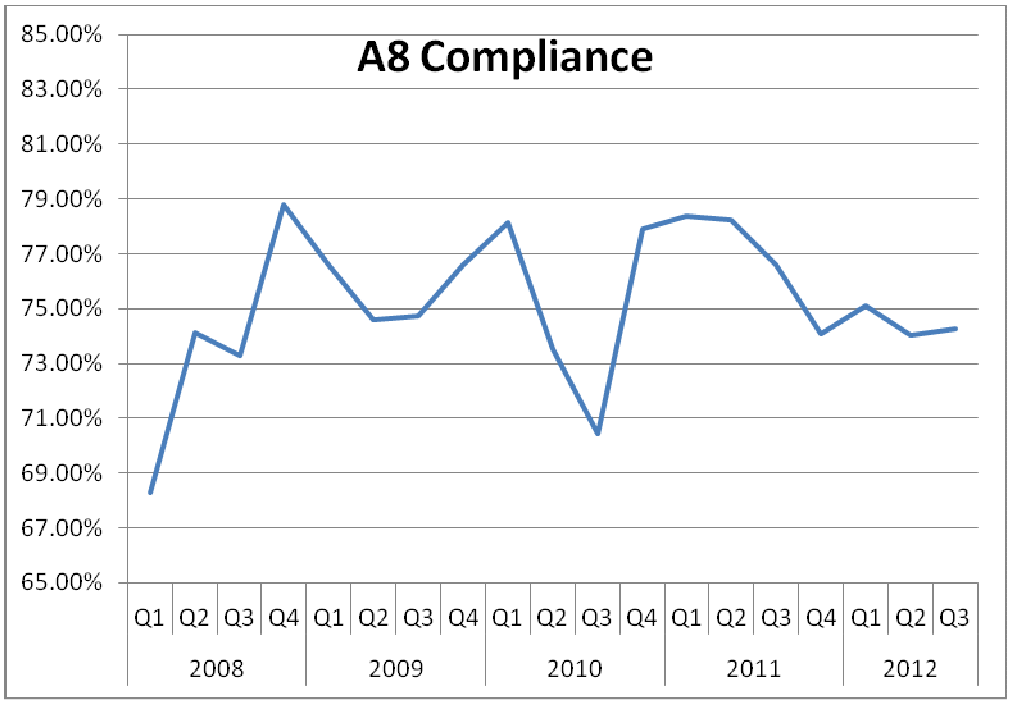


Figure 6 tracks Kent and Medway's performance from 2008 to current day. The current performance figure as of Jan 03 2013 is 74% for cat A (R1+R2)

Figure 6 Kent and Medway performance



Service Development Updates

All ambulance calls in the UK are categorized into three broad types, emergency or 999 calls, urgent calls, routine calls.

Almost all emergency calls are dealt with by a 'blue-light' response. The only exception to this is where we have been asked to make a discreet approach for clinical reasons or where we are satisfied that there is no immediate clinical urgency. (See Category C below.)

H M Government (through the Department of Health) sets standards and targets for each ambulance service to achieve. 999 calls are sub-divided into three categories.

The Trust provides a range of services to ensure that we respond to the needs of the patients, healthcare professionals and emergency services within the communities we serve. The services are organised into four main categories Accident and Emergency Services, Patient Transport Services, Commercial Services and Emergency Preparedness.

Accident and Emergency Service

The patients we care for range from the critically ill and injured, to those with minor healthcare needs that can be treated at home or in the community. Calls are

received in our Emergency Operations Centre via the 999 system, and triaged in accordance with NHS Pathways to determine the most appropriate response based on clinical need. Once a call has been triaged it is categorised as follows:

Category A – Category A calls are those life-threatening conditions where the speed of response may be critical in saving life or improving the outcome for the patient, e.g. heart attack, serious bleeding, etc.

Every effort is made to get a responder to these incidents as quickly as possible. Ideally this would be an ambulance every time. However, on some occasions (particularly in outlying areas) a first responder will be dispatched whilst an ambulance is traveling to the call.

A first responder might be a member of staff who has made themselves available outside of normal working hours or a member of a Community Response Scheme. All such responders are trained to deliver life-saving skills e.g. defibrillation, pending the arrival of the ambulance.

Category A standard: 75% of all Category A calls should be reached within 8 minutes of the call being made.

The Cat A standard is further broken down into R1 immediately life threatening Cardiac Arrest calls and R2 potential life threatening calls.

Category C – Category C calls are made up of four sub categories of those conditions which need to be attended quickly, but which will not deteriorate or suffer by a slightly slower response. Or non life threatening conditions which are generally assistance calls in which someone needs help - perhaps to get up following a fall where no injury has been sustained - or where a minor or non-clinical issue is the prime cause for the call.

Although the Trust will always try to help and at least give appropriate advice, it should be remembered that some Category C calls may not warrant the attendance of the ambulance service.

Urgent

An urgent call can only be requested by a doctor (usually a GP) or a midwife. The response is tailored to each individual patient's need as determined by the doctor requesting the ambulance.

It is important to appreciate that although the patient is often termed an 'emergency admission' as far as the hospital is concerned it is not necessarily dealt with as a 999 call by the ambulance service. In other words a doctor may arrange an 'emergency admission' to hospital but give the ambulance service two hours or more to carry out the journey.

The standard is to get 95% of patients to the hospital within 15 minutes of the time specified by the doctor when booking the ambulance.

Routine calls

Are booked days, or even weeks, in advance. They are usually carried out by Patient Transport Services of the Trust although occasionally an emergency ambulance may be involved.

These calls are generally for taking people to and from out-patient or day hospital patients when no other method of transport is possible.

We currently provide three different services within our A&E service:

- *Hear & Treat* – a call that is triaged via NHS Pathways and either managed by the initial call taker or where advice is provided by a clinically trained member of staff, this may include identification of and referral to an alternative care pathway.
- *See & Treat* – a clinician attends and provides treatment to the patient, but there is no requirement to transport the patient to a healthcare facility.
- *See, Treat & Convey* - as with *See & Treat*, the clinician attends and provides treatment to the patient, however, there is the need to transport the patient to a healthcare facility for further treatment.

In line with national trends, A&E activity is increasing year on year. Analysis of trends relating to population, epidemiology and healthcare confirm that demand for ambulance services is likely to continue to rise in line with recent trends and highlights increasing demand for our A&E services.

Paramedic Practitioners working with GPs

Paramedic practitioners (PPs) are making a big difference for 999 callers with urgent or primary care needs. PPs undertake additional education which is supported by the RCGP and this equips them to promote more care in the patients' home. In particular, patients with long term conditions can be dealt with by PPs in collaboration with the patients GP and other community specialists to ensure that they only attend hospital if necessary. Often, exacerbations of Long Term Conditions (LTCs) present very acutely, but can be managed appropriately without the need to go to A&E.

PPs can be the GPs eyes and ears in the community. PPs work closely with practices in many parts of SECAmb, and this promotes the relationship between the Trust and primary care and also benefits the PPs education and experience to deal with the urgent care.

By increasing the number of PPs working in Kent and Medway we can reduce the number of patients conveyed to A&E.

There are currently 60 Paramedic Practitioners across Kent and Medway, providing 24/7 rota coverage in key operational locations. Moving forward with the Front Loaded Service Model development, the roll out will focus on creating an

establishment of PPs which is proportionate to the demand profile in each operational area. There will be 300 PPs in total across SECAmb.

Increase use of GP pathway

Local agreements within Medway and West Kent have been put in place to facilitate the transfer of care from ambulance clinicians to GPs and GP out of hours where it is thought a conveyance to A&E is not necessary. This could be rolled out into East Kent and increased in West Kent. In Medway approximately 120-150 patients per month are not conveyed to A&E as a result of the GP pathway. It is anticipated that approximately 200 patients will not be conveyed in West Kent, subject to approval of a business case.

Increase the availability of alternative services to ambulance clinicians

South East Coast now has a well-developed Directory of Service (DoS) which holds detailed clinical profiles, opening times, and address details for the majority of services that could manage patients accessing emergency and urgent services. Whilst it holds information about A&E services it also holds details for alternative services that can be accessed. All services have been prioritised by commissioners so that it is clear for people accessing the DoS which services should be recommended first. If ambulance crews had access to this information they would be able to reduce the number of patients being conveyed to A&E.

Increase the number of Hear and Treat calls for 999

NHS Pathways, sophisticated triage software, has been in operation within our emergency call centres since April 2011; this has resulted in a move from 1% of 999 calls being dealt with at the point of call (Hear and Treat) to 5%. With further refinements SECAmb believe the Hear and Treat rate may increase further. Our current hear and treat performance for quarter 3, 2012 is 9.7 %

Introduce GPs into the EOC.

To assist with clinical decisions appertaining to patient pathways and treatment requirements'.

Introduce 111

The introduction of 111 may result in a reduction in A&E attendances. Data from the North East where the ambulance service is delivering the 111 service has seen a decrease in A&E attendances. PCTs are commissioning 111 with a view to it being operational April 2013

IBIS case management system

IBIS represents a database of patient centred information appertaining to medical history, end of life care plans and specialist requirements. The case management systems enables ambulance control, and through control the

crew at scene to have specific information relating to the emergency care of the patient. This is information is managed by the patients case manager (PCM, community matron, specialist nurse, GP) with the consent of the patient E.g. Anticipatory care plan, end of life plan, case manager mobile number for immediate contact. This is to allow SECAMB to add to the triage and/or on scene assessment to support the patient in appropriate management and therefore reduce unnecessary admissions for patients with long term conditions.

In summary our year to date performance is within trajectory and we achieved our 2012 quarter 3 Cat A performance for the first time since 2008.

Our service developments which as well as those highlighted in the report include improved skill mix in our EOCs and the recruitment of Paramedic Practitioners in the EOC which has recently been enhanced by the introduction of GPs in the EOC. We are on plan to provide improved skill level at first point of patient contact which is as a result of increasing our paramedic to non-paramedic ratios. All of the current incentives are in the pursuit of improving our managed conveyance and is being delivered in conjunction with are local stakeholders in order to identify and harmonise the efficiency of current and new patient pathways.

We also have a well-developed critical care programme with 4 24 hour critical Care practitioner resources providing specialised care to critically ill patients and ensuring our readiness to provide best practice in line with the current major trauma reconfiguration therefore improving patient outcomes.