

# **South East Coast Ambulance Service NHS Foundation Trust**

## **Emergency and Urgent Care in Kent and Medway for Kent HOSC**

### **What does SECAMB do?**

South East Coast Ambulance Service NHS Foundation Trust is an innovative, patient focused healthcare organisation providing emergency, urgent and non-emergency care.

The Trust responds to 999 calls from the public and urgent calls from healthcare professionals in Kent, Surrey and Sussex, and areas within North East Hampshire and Berkshire. Across the region the Trust provides specialist neonatal transfer services, in Kent and Sussex we also provide non-emergency patient transport services.

The Trust was formed in July 2006, following the merger of Kent Ambulance Service NHS Trust, Surrey Ambulance Service NHS Trust and Sussex Ambulance Service NHS Trust. It was one of the first ambulance services to become a Foundation Trust in March 2011.

The new organisation has established a strong track record of improving patient care through the adoption of innovative clinical practices and equipment, the development of specialist clinical roles and the implementation of new technologies and systems; all aimed at improving the quality of care the Trust provides to improve patient outcomes, safety and experience

The Trust's annual turnover is approximately £160 million. The Trust employs over 3100 members of staff of which approximately 85% are operational, either as front-line staff (including Patient Transport Services) or within the three Emergency Dispatch Centres (EDCs) which receive calls and dispatch the necessary resources, with the other staff (15%) providing support services and management functions.

The Trust operates from approximately 65 sites located across the area we serve.

### **Services**

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 Dispatch Centres 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* – Life threatening conditions where speed of response may be critical in saving life or improving outcome for the patient
- *Category C* – Non life-threatening conditions that may require a non-emergency ambulance or be appropriate for referral to an alternative care pathway

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.

### **Patient Transport Service (PTS)**

Non-emergency patient transport services provide transport for the movement of patients to and from NHS facilities including the transportation of ambulant, wheelchair bound and stretcher patients. The types of journeys undertaken include inpatient admissions, transport for out-patients and day patients to NHS facilities and non urgent transfers between hospitals and discharges from hospitals to home.

The Trust currently provides two different PTS services

- *High Acuity PTS* - when the patient may require some degree of clinical care during transportation.
- *Low Acuity PTS* – when patients will not require clinical care during transportation.

### **Commercial Services**

These include providing a custody service for the police, services for public events, advising insurance companies, training and education.

The Private Ambulance Service currently provides First Aid, pre-hospital emergency cover to a range of public events across Surrey, Sussex and Kent and surrounding areas, with the capability to provide Health and Safety Executive approved First Aiders, technician crews, registered nurses, paramedic practitioners and the paramedic Cycle Response Unit. By attending events we are able to deal with injuries and illnesses on scene and ensure patients are discharged to appropriate follow-on care, preventing acute services becoming overwhelmed as a result of large public gatherings.

The Private Ambulance Service undertakes both private and NHS patient transfer work.

## **Emergency Preparedness**

The Trust is classified as a Category 1 responder under the terms of the Civil Contingencies Act 2004, and as such we have six statutory duties:

1. Assess local risks and use this to inform emergency planning;
  2. Put in place emergency plans;
  3. Put in place Business Continuity arrangements;
  4. Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
  5. Share information with other local responders to enhance co-ordination;
  6. Co-operate with other local responders to enhance co-ordination and efficiency.
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## **What is the impact of the current levels of attendance at accident and emergency departments on the sustainability of health services across Kent and Medway?**

The current levels of attendance at A&E compromise acute Trusts' ability to deliver against agreed ambulance turnaround times. Agreements are in place that each patient will be "handed over" to the A&E department within 15 minutes. When activity is at its peak within A&E acute Trusts do not deliver against this agreement and significant delays occur. This then compromises SECamb's ability to respond to emergency calls thus reducing the quality of service.

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## **How can levels of attendance best be reduced?**

### *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.

Our goal is to develop a network of surgeries across the region to which PPs are "tethered" for their ongoing post qualification primary/urgent care education and

development. There are many benefits for surgeries who have these relationships already, such as broadening the multidisciplinary team and gaining more insight into emergency care in their areas.

Surgeries registered with the Deanery to provide GP training can also host PP training. PPs all undertake 8 weeks of training in a surgery prior to full qualification and the surgeries who have provided this up to now have reported very positive experiences.

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.

#### *Implement services to better manage falls*

Both ambulance and A&E data suggest that falls are one of the main reasons that patients access health care services in an emergency situation. If patients that have had multiple falls were managed differently there would most likely be a reduction in the number of calls/ A&E attendances for this reason.

A business case is being developed in West Kent to introduce a service that would manage falls referrals to appropriate services in order to prevent falls and the complications that come with them.

#### *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, a 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.

### *Use NHS Pathways to triage patients before they register at A&E*

NHS Pathways is being used in Blackpool to triage patients before they are permitted to register with the A&E reception. The aim is to utilise alternative services so that A&E is a last resort. Further information can be found on the Connecting for Health website.

### *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 during 2012/3.

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## **Questions for the Ambulance Service**

- 1. Since 2008, broken down by quarter, how many 999 calls have been received in Kent and Medway by the ambulance service? Specifically, how many of these were:
  - a. Category A?**
  - b. Category B?****

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

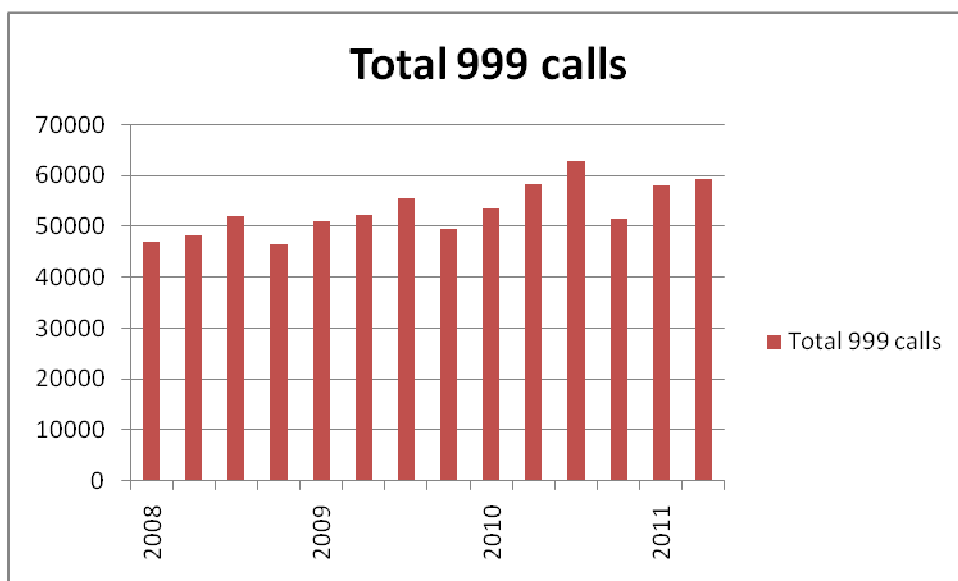
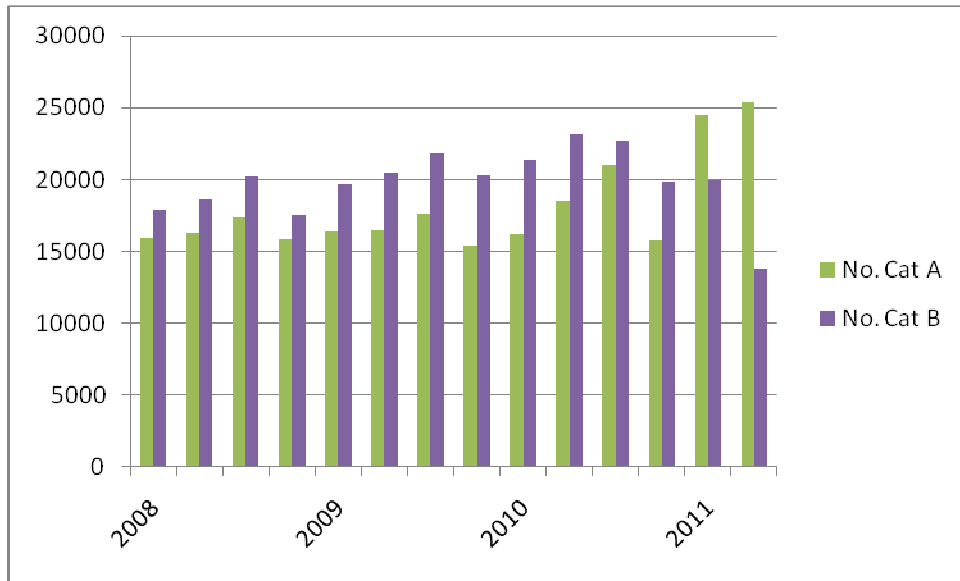
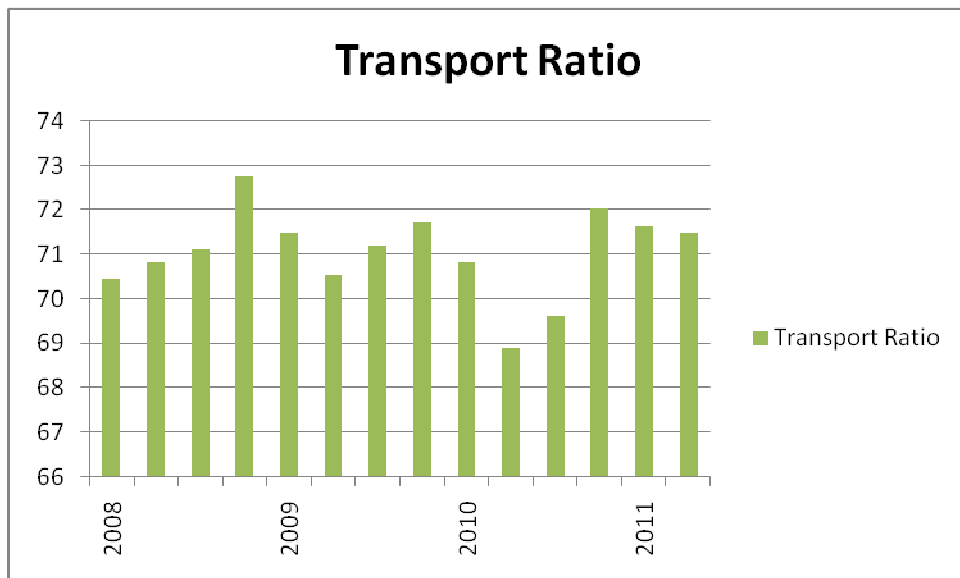


Figure 2: Total Cat A and B calls in Kent and Medway by Quarter



**2. Since 2008, broken down by quarter, what proportion of emergency calls result in a patient being taken to an accident and emergency department in Kent and Medway?**

Figure 3: % of 999 calls that result in a transport (this will also include a proportion of transports to MIUs)



**3. What is the place of urgent and emergency care in your organisations QIPP programme?**

The PP scheme described above is a key workstream which aims to provide increased clinical skill and leadership. This will contribute to delivering a reduction in “managed”\* conveyance from the current level to 62% YTD at year end, and further reduced to 54% by 2015. This part of the Trust’s CQUIN plan.

(\* - managed conveyance are the journeys to hospital excluding hospital transfers and Drs admissions)

The introduction of NHS Pathways into the Emergency control rooms was also a key QIPP programme that has now been delivered.

**4. From the perspective of the ambulance service what are the main challenges to reducing the attendance at accident and emergency departments?**

Patients often attend A&E as they do not know what other services are available. Data would suggest that many people attend A&E when it is convenient for them so by increasing the hours of GPs, making alternative service more well known and by introducing 111 to help people navigate their way around the system pressures on A&E should be alleviated.

**Author:**

Anouska Adamson-Parks

Head of External Service Developments