South East Coast Ambulance Service NHS Foundation Trust Meeting
27th April 2018

Ambulance Response Programme

The Ambulance Response Programme (ARP) is a change to the way in which ambulance services (in England) receive and respond to emergency calls.

This programme followed the 2013 NHS England review into urgent and emergency care of which the ambulance services in England were an integral part. Early on, recognition that ambulance service response standards had not been reviewed since the mid 1970's, despite the service experiencing a yearly increase in demand, as well as a reduced effectiveness in responding to the most serious of 999 calls.

In 2015, NHS England commissioned Sheffield University to undertake a study into ambulance responses, therefore between October 2015 and April 2016 trials took place in three ambulance services that involved the study of approx. 10 million patients.

Prior to the introduction of ARP, ambulance services were required to dispatch a resource to the most serious of 999 calls within 60 seconds of the call transferred from the BT switchboard to the receiving ambulance service. This approach often resulted in:

- Dispatching a resource before the problem was known
- Sending ineffective resources to stop the clock
- Sending multiple vehicles to the same incident
- Having to stand down vehicles and retarget them towards other calls
- If a car was sent then long waits could be experienced in waiting for a transporting ambulance to arrive
- Lower priority calls could experience long waits for a response

The Ambulance Response Programme's aim of increasing operational efficiency whilst maintaining a clear focus on the clinical needs of patients, enables the service, through the re categorisation of 'call priorities' (Table 1), the opportunity to send 'the right response, the first time, in time'. This is achieved through call handlers having more time to assess the call in the first instance. Previously, for Red 1 and Red 2 (immediately life threatening) calls a 60 second target was set. However, ARP Category 1 (unconscious or not breathing) calls have a 30-second target and Category 2 calls (life threatening), the target is 240 seconds, giving the call taker greater opportunity to establish the nature of the problem and allocate the most appropriate resource. ARP can also result in a 'no' resource sent where appropriate (following appropriate triage).

Another key aim of the ARP is to ensure that all patient response times are measured. This is achieved through the introduction of a 'mean' response time target along with a 90th percentile for C1 & C2 responses along with a 90th percentile for C3 & C4.

It is worth noting that calls classed as C2 make up approx. half of all calls received (see table 1 for definitions).

The ARP will:

- Ensure the resource dispatched is the right resource to match the patients clinical needs
- Increase the opportunity to treat patients either over the phone (Hear & Treat) or in the home environment (See & Treat)
- Increase early recognition of cardiac arrest and other life threatening conditions
- Reduce lengthy waits for less urgent calls
- Improve resource availability and efficiency

Post implementation of the ARP, there will be ongoing reviews to understand the impact of the programme on the current structure of the service. Some of the key changes required in line with the intention of the programme are:

- An increase in the ratio of ambulances v's response cars, to support the 'right response first time
    - One of the key metrics for ARP is sending transport capable resources i.e. an ambulance
- A review of the clinical grades of staff to support the change in ratio vehicle type

Performance

There is minimal variance between SECAmb's performance for both Kent and the wider region (Kent, Surrey, Sussex). It is however, recognised that the Trust is particularly challenged in meeting its C3 & C4 targets (table 2) for 17/18.

C1 performance for ambulance services in England during March 2018 was 8 minutes and 22 seconds (mean) with SECAmb achieving 8 minutes and 14 seconds (mean). This places the Trust 5th (out of a total of 10 Trusts) nationally.

C2 performance in England for March was 27 minutes and 7 seconds (mean) with SECAmb achieving 19 minutes and 37 seconds and placed 2nd nationally.
SECAmb's performance for both C3 and C4, (mean target) saw the Trust in 9th position for both categories.

Demand and Capacity Review

Commissioners and SECAmb have identified a gap in funding, to deliver its existing model and achieve all performance targets. The identification of this 'gap' is supported by NHSE and as a consequence of this, a joint review into the existing and potential future operating models was jointly commissioned by Commissioners and SECAmb, and supported by Deloitte and ORH.

The focus of the review is on two operating models: 1) Paramedic Led Ambulance Model and 2) The Targeted Dispatch Model. Both models have identified a requirement to increase not only the number of front line staff but also the fleet resource. Both models have been defined through a clinical sub group consisting of Commissioners and SECAmb colleagues.

Initial findings have been made available to both SECAmb and Commissioners and have resulted in the selection of the 'targeted dispatch model' with a requirement to conduct a more detailed analysis together with an evaluation of a trajectory for delivering compliance with ARP standards. An update slide deck is included to convey the detail to associate commissioners in the past weeks. The work has not stopped here insofar that the next steps will involve an in depth analysis of delivery profile taking into account the constraints faced by the system and SECAmb.

This is important insofar that the targeted dispatch model builds on our work with you and the wider system to enable and facilitate alternatives to conveyance to an Emergency Department. That is, increase 'hear and treat' and 'see and treat' or refer into jointly developed and clear care pathways to deliver continued benefit to patients and the system. As we move forward the opportunity to collaborate on what experience and skill sets are deployed in the pre hospital and out of hospital settings of care is truly exciting.

Ambulance Integration Programme

The ambulance integration programme (AIP), established by NHSE, has a number of key elements, one of which is the ARP. Some of the other key elements are:

- NHSE/NHS Improvement (NHSI) Hospital Handover guidance produced
    - In response to the continued high number of hours being lost with ambulance crews waiting to handover patients in emergency departments to receiving hospital clinicians
- Agreement to fund the transition of Paramedics from band 5 to band 6 in line with Agenda for Change
- ARP impact assessment published
- Winter pressure oversight assurance with funding

- Ambulance Trusts engaged in the emerging urgent & emergency care delivery arrangements

Table 1:

Category	Types of Calls	Response Standard	Likely % of Workload	Response Details
Category 1 (Life-threatening event)	**Previous Red 1 calls and some Red 2s including** • Cardiac Arrests • Choking • Unconscious • Continuous Fitting • Not alert after a fall or trauma • Allergic Reaction with breathing problems	**7 Minute response** (mean response time) **15 Minutes 9 out of 10 times** (90th Centile)	Approx. 100 incidents a day (8%)	Response time measured with arrival of first emergency responder Will be attended by single responder and ambulance crews
Category 2 (Emergency, potentially serious incident)	**Previous Red 2 calls and some previous G2s including** • Stroke Patients • Fainting, Not Alert • Chest Pains • RTCs • Major Burns • Sepsis	**18 minute response** (mean response time) **40 minute response** (90th centile)	(48%)	Response time measured with arrival of **transporting vehicle** (or first emergency responder if patient **does not** need to be conveyed)
Category 3 (Urgent Problem)	• Falls • Fainting Now Alert • Diabetic Problems • Isolated Limb Fractures • Abdominal Pain	**Maximum of 120 minutes** (120 minutes 90th centile response time)	(34%)	Response time measured with arrival of **transporting vehicle**
Category 4 (Less Urgent Problem)	• Diarrhoea • Vomiting • Non traumatic back pain	**Maximum of 180 minutes** (180 minutes 90th centile response time)	(10%)	May be managed through hear and treat Response time measured with arrival of **transporting vehicle**

Table 2:

SECAmb ARP Performance between 22nd November and 31st March 2018									
	Cat 1 Mean Response Time (07:00)	Cat 1 90th Centile (15:00)	Cat 1T Mean Response Time (19:00)	Cat 1T 90th Centile (30:00)	Cat 2 Mean Response Time (18:00)	Cat 2 90th Centile (40:00)	Cat 3 90th Centile (02:00)	Cat 4 Mean Respons e Time	Cat 4 90th Centile (03:00)
Kent	00:08:13	00:14:50	00:11:33	00:21:09	00:18:10	00:33:47	03:11:28	02:15:27	05:32:30
SECAmb	**00:08:15**	**00:14:51**	**00:11:19**	**00:20:39**	**00:17:59**	**00:33:42**	**03:19:26**	**02:11:15**	**05:12:29**