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To: Health Overview and Scrutiny Committee – 8 October 2010

Subject: South East Coast Ambulance Services – Current Developments

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1. Background

- (a) The South East Coast NHS Ambulance Service NHS Trust (SECamb) was formed on 1 July 2006 through the merger of Trusts in Kent, Surrey and Sussex. It provides emergency, urgent and non-emergency services to a population of around 4.5 million across 3,600 square miles in Kent, Medway, Surrey, East and West Sussex, Brighton and Hove and North East Hampshire.
- (b) The three Emergency Dispatch Centres (EDCs) at Coxheath, Lewes and Banstead receive over 600,000 calls in 2009/10.
- (c) 999 calls which are received are assessed and categorised as follows<sup>1</sup>:
  - 1. Category A - Life-threatening conditions where speed of response may be critical in saving life or improving outcome for the patient e.g. heart attack or serious bleeding. The performance standard is that 75% of all Category A calls should be reached within 8 minutes of the call being made. If the first response is not a fully-crewed ambulance then an ambulance should arrive within 19 minutes.
  - 2. Category B - Conditions which need to be attended quickly, but which are not immediately life-threatening. The performance standard is that 95% of all Category B patients must be reached within 19 minutes
  - 3. Category C - Non life-threatening conditions that may be appropriate for referral to an alternative care pathway
  - 4. Urgent calls can only be requested by a doctor or a midwife. 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.

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<sup>1</sup> SECamb, Call Categorisation, <http://www.secamb.nhs.uk/emergency-ambulance-services/call-categorisation>

2. Current Developments<sup>2</sup>.

(a) SECAMB is currently developing its service and organisation in a number of different ways. The following are brief descriptions and definitions of some of them:

1. Make Ready initiative – This will involve the creation of 12 depots across the SECAMB region by 2016 where vehicles are regularly deep-cleaned, restocked and checked for mechanical faults.
2. Paramedic education – An education programme has been introduced which will mean paramedics are educated to Foundation or Bachelor of Science Degree level.
3. Specialist paramedics – Critical Care Paramedics (CCPs) have received additional training and education in order to enable them to work in the critical care environment, often alongside doctors at the scene, and to undertake Intensive care transfers between hospitals. Paramedic Practitioners (PPs) have received additional training and education to give them greater patient assessment skills. They are able to treat many minor injuries and illnesses ('see and treat') as well as signpost care to specialists in the community and they can also refer patients directly to hospital specialists, bypassing the need to be seen first in an Accident and Emergency Department.
4. 'Hear and Treat' – A proportion of patients calling 999 may only require self care advice and/or reassurance and this programme provides the opportunity for appropriate patients to discuss their needs with a clinician over the telephone in the call centre. Where there is a need for a patient to see a clinician in person, appropriate arrangements are made.
5. Front Loaded Service Model – This is a programme which will aim to ensure that over the next 5 years, a patient will first see a registered clinician 90% of the time.
6. Single Point of Access - "The Trust has been successful in obtaining funds to implement NHS Pathways, develop a South East Coast wide Directory of Services and implement technical

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<sup>2</sup> Information in this section adapted from the SECAMB Quality Account, <http://www.secamb.nhs.uk/the-trust-board/board-papers/current-board-papers/board-papers-28-july-2010/119.10%20Appendix%201%20-%20Board%20Report%20-%2028%20July%202010%20-%20SECAMB%20Quality%20Account%20final%20version%20v1%2000.pdf/view> ; draft Annual Report 09/10 [http://www.secamb.nhs.uk/the-trust-board/board-papers/current-board-papers/board-papers-9-june-2010/85.10%20Annual%20Report\\_DOC.pdf/view](http://www.secamb.nhs.uk/the-trust-board/board-papers/current-board-papers/board-papers-9-june-2010/85.10%20Annual%20Report_DOC.pdf/view) ; and SECAMB Business Plan 08/09 <http://www.secamb.nhs.uk/document-library-2/publications/Business%20Plan%2008%20-%202009.pdf/view>

links with other provider services. The technical links will aid the onward referral or appointment booking for patients whose conditions may be best treated through the use of alternative care pathways; this will improve the patient experience as it facilitates direct access to the most appropriate service for the patient.”<sup>3</sup>

- (b) SECAMB submitted its application for Foundation Trust (FT) Status to the Department of Health on 2nd August 2010. The earliest time that the Trust could become an FT will be 1st February 2011.<sup>4</sup>

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<sup>3</sup> SECAMB CEO Highlight Report, September 2010, <http://www.secamb.nhs.uk/the-trust-board/board-papers/current-board-papers/board-papers-28th-september-2010/Item%20-%20147.10%20CEO%20Highlight%20Report%20%20Sep%2010.pdf/view>

<sup>4</sup> SECAMB FT Update, September 2010, <http://www.secamb.nhs.uk/the-trust-board/board-papers/current-board-papers/board-papers-28th-september-2010/Item%20-%20148.10%20FT%20Update%20Sept%202010.pdf/view>