

Item 7: SECAMB - Future of Emergency Operation Centres

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 5 September 2014

Subject: SECAMB - Future of Emergency Operation Centres

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by SECAMB.

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) The South East Coast NHS Ambulance Service NHS Foundation Trust (SECAMB) was formed on 1 July 2006 through the merger of Trusts in Kent, Surrey and Sussex. SECAMB achieved Foundation Trust status on 1 March 2011 - one of the first ambulance service NHS foundation trusts.
- (b) SECAMB provides ambulance services to a population of over 4.6 million across 3,600 square miles in Kent, Medway, Surrey, East and West Sussex, Brighton and Hove and North East Hampshire. SECAMB responds to 999 calls and provides the NHS 111 service in Kent, Surrey and Sussex. It also provides non-emergency patient transport services in Surrey and Sussex (SECAMB 2014a).
- (c) The three Emergency Dispatch Centres (EDCs) at Coxheath, Lewes and Banstead received 862,466 emergency calls in 2013/14 (SECAMB 2014b).
- (d) Response times for 999 calls are set nationally and apply to all ambulance services in England and Wales. 999 calls which are received are assessed and categorised as follows (SECAMB 2014b; SECAMB 2014c):
 1. Category A calls are made up of two sub categories: Red 1 & Red 2. Red 1 calls are 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, trauma, serious bleeding. Red 2 calls are serious but not the most life threatening. The performance standard for Category A calls 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 C calls are for conditions where the patient has been assessed as not having an immediately life threatening condition

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but does require an assessment by an ambulance clinician or transport to hospital. The performance standard is agreed locally; the patient should receive an emergency response in 30 or 60 minutes depending on the clinical need.

3. 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.
4. Hear & Treat calls are for conditions assessed as not requiring an ambulance service response, but could more appropriately be assessed or treated by an alternative healthcare provider. The performance standard is agreed locally; where an ambulance service clinician provides advice, a call back should be made within two hours of the original 999 call depending on clinical requirement.

2. Current Developments

(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 (SECAMB 2014a):

1. Make Ready Centres - SECAMB have implemented five Make Ready Centres in Ashford, Chertsey, Hastings, Paddock Wood, Thanet and Worthing where vehicles are regularly deep-cleaned, restocked and checked for mechanical faults. The Trust is looking to develop a further seven centres across the SECAMB region by 2016.
2. Community First Responders (CFRs) – SECAMB have introduced CFRs who are volunteers trained to respond to emergency calls. Responders are based within their local communities and attend the scene of an emergency to provide vital lifesaving first aid before the arrival of an ambulance, increasing the patient's chance of survival. In 2013/14 SECAMB established 104 new Public Access Defibrillator (PAD) sites as well as recruiting and training 193 new CFRs; there are now 957 CFRs in total.
3. Specialist Paramedics (PPs and CCPs) - SECAMB have continued to develop Specialist Paramedics - Paramedic Practitioners (PPs) and Critical Care Paramedics (CCPs).

Paramedic Practitioners (PPs) are paramedics who have undergone additional training to equip them with greater patient assessment and management skills, enabling them to diagnosis a wide range of conditions and treat many minor illnesses and injuries. PP desks have been established at the EOC which has reduced the number of patients requiring conveyance, with incidents dealt with by the PP desk achieving a conveyance rate of only 20%.

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Critical Care Paramedics (CCPs) are paramedics who have undergone additional training to work in the critical care environment, both in pre-hospital setting and by undertaking Intensive Care transfers between hospitals. SECAMB have 129 PPs and 39 CCPs plus a further six in training.

3. Potential Substantial Variation of Service

- (a) It is for the Committee to determine if this service change constitutes a substantial variation of service.
- (b) Where the HOSC deems a proposed service change as not being substantial, this shall not prevent the HOSC from reviewing the proposed change at its discretion and making reports and recommendations to the relevant health commissioner or provider.
- (c) Where the HOSC determines a proposed change of service to be substantial, a timetable for consideration of the change will need to be agreed between the HOSC and SECAMB after the meeting. The timetable shall include the proposed date that the SECAMB intends to make a decision as to whether to proceed with the proposal and the date by which the HOSC will provide any comments on the proposal.

4. Recommendation

If the proposed service change is *not substantial*:

RECOMMENDED that guests be thanked for their attendance at the meeting, that they be requested to take note of the comments made by Members during the meeting and that they be invited to attend a meeting of the Committee in three months.

If the proposed service change is *substantial*:

RECOMMENDED that the Committee determined that the proposed service change constituted a substantial variation of service, that guests be thanked for their attendance at the meeting, that they be requested to take note of the comments made by Members during the meeting and that they be invited to attend a meeting of the Committee in three months.

Background Documents

SECAMB (2014a) 'South East Coast Ambulance Service NHS Foundation Trust Quality Account and Quality Report 2013/14 (02/07/2014)', http://www.secamb.nhs.uk/about_us/our_performance/quality_account.aspx

SECAMB (2014b) 'Response time targets: call prioritisation (01/04/2014)', http://www.secamb.nhs.uk/about_us/our_performance/response_time_targets.aspx

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SECAmb (2014c) '*Call categories (01/04/2014)*',
http://www.secamb.nhs.uk/our_services/calling_999/call_categories.aspx

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