



Chiltern

Clinical Commissioning Group

Chiltern CCG

Ground Floor

Chiltern District Council

King George V Road

Amersham

Buckinghamshire

HP6 5AW

5th March 2015

Councillor A Macpherson
Chair of Health and Adult Social Care Committee
Buckinghamshire County Council
County Hall
Walton Street
Aylesbury
Buckinghamshire
HP20 1UA

Dear Angela

Ambulance Response Times in Buckinghamshire

Thank you for your letter dated 25th February 2015 raising further questions from the Health and Adult Social Care Committee and requesting responses to the specific questions highlighted in bold.

- 1. Mindful of the response time situation in Buckinghamshire, perhaps the CCGs could consider providing more information as routine on the number of patients not receiving a response within the target time, and the number experiencing long waits.**

This data is received from SCAS on a monthly basis for Red 1 and Red 2 categories. Please note that the delays are monitored closely by the Emergency Operations Centre and welfare calls are made by SCAS to patients who may be experiencing a long wait. We are happy to provide you with a quarterly summary of these reports if you would find them helpful. I have attached an example as an Appendix to this letter.

- 2. You refer in your letter to an agreement that SCAS will report on county level performance on all national indicators. Could you clarify where this will be reported (i.e. in SCAS Board papers or to CCGs?), and whether the rectification plan trigger applies to below standard performance at the county level or the Thames Valley level as this is unclear in your letter?**

This is a Thames Valley contract requirement and is reported into the CCG Urgent care Joint Executive Team as well as at contract meetings. Action plans are required for both performances below standard at Thames Valley contract level and also below 70% at Buckinghamshire County level. Please note that ambulance performance nationally is measured on a ytd measurement and not monthly or quarterly. SCAS have been asked for an action plan for both Thames Valley and Buckinghamshire performance as ytd there is a risk that some targets will not be achieved although this will not be fully known until April 2015. Separately SCAS have targets at County level to reduce long waits. This is being measured in quarter 4 for 2014.15 and will continue into 2015.16 as a contractual requirement.

- 3. Overall I am concerned as to whether the SCAS Board is furnished with sufficient information to have full oversight of the variable response times below the Thames Valley level, and the impacts on this in terms of long waits, resulting in patient harm and poor patient experience.**

The response times for each CCG area is reviewed at contract review meetings with Board members of SCAS. This is reviewed in further detail at the quarterly Quality meetings held with SCAS looking at individual cases where a long wait was identified.

- 4. I would like to know how aware the SCAS Board are of the results of these audits, and whether an anonymised summary of these should be published in board reports to provide some reassurance to residents where response times are known to be substandard.**

This question has been raised with SCAS and they have asked the Board Secretary to raise this formally with SCAS so a discussion can take place with the Board. I would confirm that many of the SCAS Board members attend the committees where this level of detail at CCG and contract level is discussed.

- 5. Your assurance that the “audits on long waits have shown minimal harm but poor patient experience (for example waiting in pain)” is welcome, but we would like to know more about these audits (i.e. when is a patient followed up and how, how is the audit reported and where?).**

SCAS internally carry out an audit of every long wait on a daily basis this is a review of the patient record and addressing the underlying reasons why this occurred. If harm was identified to the patient then under ‘duty of candour’ SCAS are required to contact the patient and discuss the situation with the patient/Family involved. These audits are reported into the Thames Valley Quality meeting and the findings and trends identified with follow up actions as required.

In addition any SIRIS identified are reported to a Thames Valley SIRI meeting and are identifiable by CCG, a full investigation takes place and a detailed report is provided with learning and a follow up action plan put in place. The patient/Family are routinely contacted if a SIRI is declared and kept informed of progress of the investigation.

I hope this offers you reassurance that both performance and quality of the contract is being closely monitored.

Yours sincerely

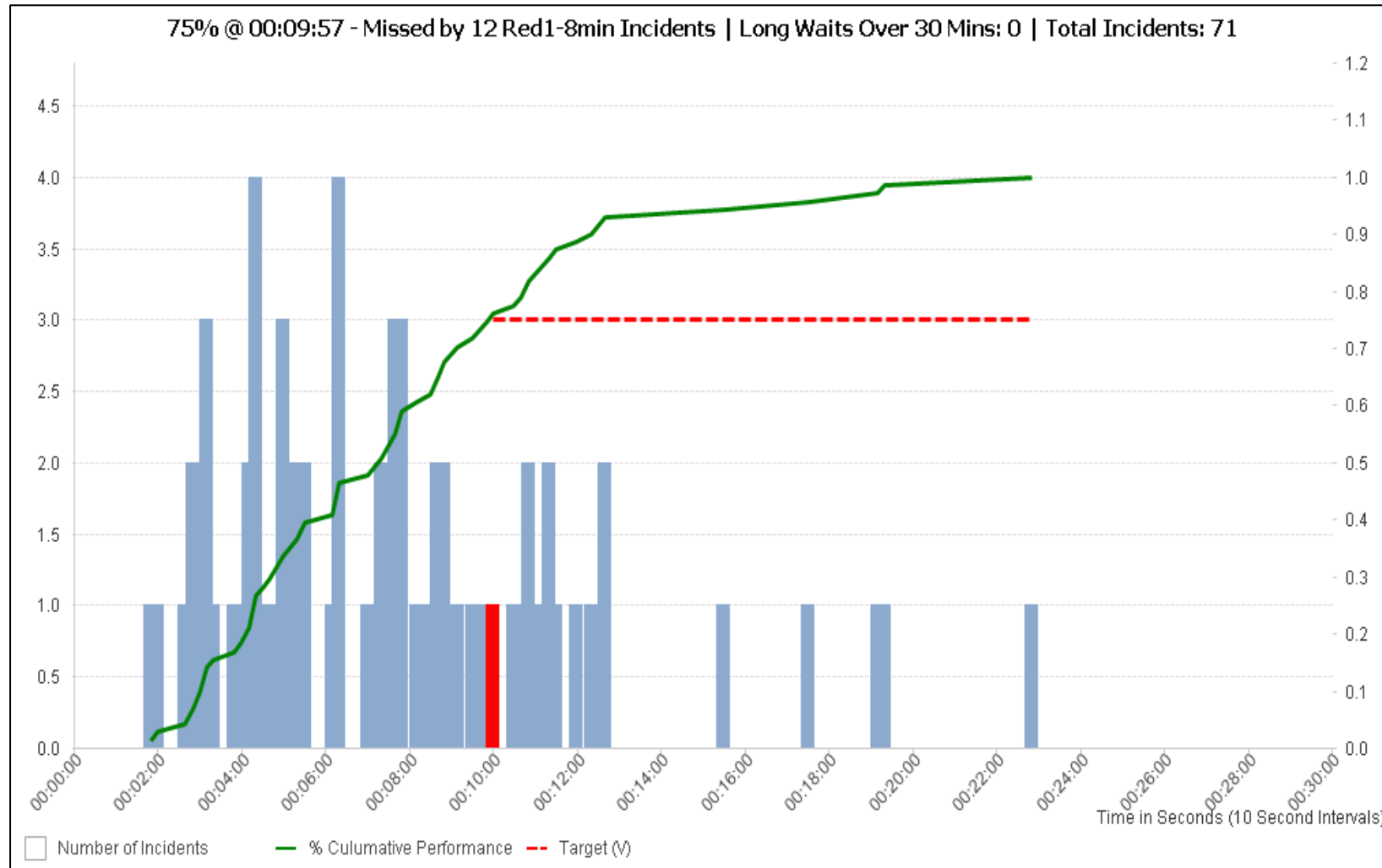
A handwritten signature in black ink, appearing to read 'Annet Gamell', written in a cursive style.

Annet Gamell
Chief Clinical Officer

Copy: Steve West, SCAS
John Lisle, Chiltern CCG
Philip Murray, Chiltern CCG
Lou Patten, Aylesbury Vale CCG
James Povey, HASC

Appendix 1

Red 1 performance 75% target met at Chiltern CCG level at 9minutes 57 seconds for January, a total of 71 incidents for the month.



Red 2 performance 75% target met at 9 minutes 9 seconds, a total of 1,042 incidents for the month.

