

Buckinghamshire County Council
County Hall, Walton Street
Aylesbury, Buckinghamshire HP20 1UA

angmacpherson@buckscc.gov.uk
www.buckscc.gov.uk
Tel: 01296 382690

Dr Annet Gamell
Chiltern CCG
Ground Floor
Chiltern District Council Offices
King George V Rd
Amersham
Bucks
HP6 5AW

Cc: Will Hancock, Trevor Jones, Steve West, Dave Johnson, Bob Duggan, David Ridley (SCAS) & Lou Patten (AV CCG)

24 February 2015

Dear Annet,

Ambulance Response Times in Buckinghamshire

Thank you to your letter dated 3rd February 2015 in response to the concerns the Buckinghamshire Health and Adult Social Care Select Committee have raised regarding ambulance response times in the county. Having considered your response the committee have requested that we seek further clarification on a number of areas. I have put in bold questions on which the committee seeks a specific response from either yourself or SCAS.

I have reviewed the 'Organisational Performance Report January 2015' included in your February 2015 Governing Board Papers. This states:

"Ambulance Clinical Quality - Category 'A' 8 Minute Response Time Red 1 and Red 2 targets and Category 'A' 19 minute response time target were not met in November either at CCG or Thames Valley level. The monthly performance of Category A 8 Minute Response Time, Red 1 was the lowest response time for Chiltern CCG in 2014/15 at 55.4%."

There is no data included on the number of patients/cases that were not responded to within the target time. I note Aylesbury Vale CCG in their February Board papers did include patient numbers but only in an exception report on SCAS performance, and this would not be routine.

The data you provided on long waits was useful, and does provide a better understanding of the extent to which some patients have to endure quite lengthy waits. Interestingly the AV CCG exception report does not include long waits data, which is curious as I think the data better illustrates the unsatisfactory level of performance.



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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.

With SCAS required only to perform against their response time indicators at a Thames Valley level, it seems inevitable that as they prioritise their resources to deliver this contract indicator, less populated areas will experience lesser response time performance than more densely populated areas. This situation is not new, and was evident at the time the Buckinghamshire Health Scrutiny Committee undertook a joint inquiry with Hampshire and Oxfordshire on the matter

(http://www.buckscc.gov.uk/media/132770/Ambreview_FinalReport.doc) in 2010.

My view is that this contractual arrangement is unsatisfactory for Buckinghamshire residents. Mindful of this I would like to see greater transparency on the outcomes of their response time performance, so if SCAS cannot be made contractually to improve their response times in Buckinghamshire, at least the SCAS Board, governors and local residents can be aware of the outcomes of this.

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?

A review of the most recent SCAS Board Papers (Jan 2015) gives no information on response times below the Thames Valley level, and long waits data is presented at the trust wide level covering the whole south central region. Serious Incidents (SIs) and complaints are also presented trust wide, making it very difficult to illicit whether the long waits experienced in Buckinghamshire are resulting in serious incidents or complaints. Detail is provided on two SIs in November not concerned with response times, although response times did contribute to at least some of the 209 clinical incidents declared by the Trust in quarter three of 2014/15. Response times do not seem to feature in complaints summarised for the most recent month available (November). We will await with interest the extent to which the December long waits experienced in Buckinghamshire results in more complaints or SIs in future board reports.

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.

You refer to 'long wait audits' in your letter. **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 know to be substandard.** 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?).**



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The committee fully accept the urgent care system is under a lot of pressure, and we have heard from SCAS at our committee in 2014 on the issues they face with increased demand and paramedic recruitment difficulties. This letter is not meant to criticise the CCGs or SCAS, but seeks to improve transparency regarding a vital area of health service delivery, and gain reassurance that there is good oversight on any underperformance and the outcomes of this.

I look forward to hearing from both the CCG and SCAS (I will send Steve West, and the SCAS Chief Executive, Board Chairman, and Buckinghamshire SCAS governors a separate copy) on this letter.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Angela Macpherson', with a long horizontal flourish extending to the right.

Angela Macpherson, County Councillor
Chairman, Health and Adult Social Care Select Committee



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