South Central Ambulance Service NHS
NHS Foundation Trust

SCAS Annual Health Scrutiny Committee Report

Buckinghamshire

Steve West (Operations Director)
Vicky Holliday (Area Manager, Aylesbury Vale)
Andrew Battye (Area Manager, Chiltern)

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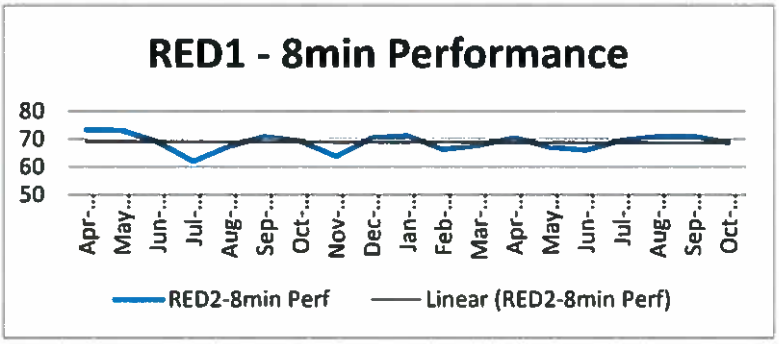
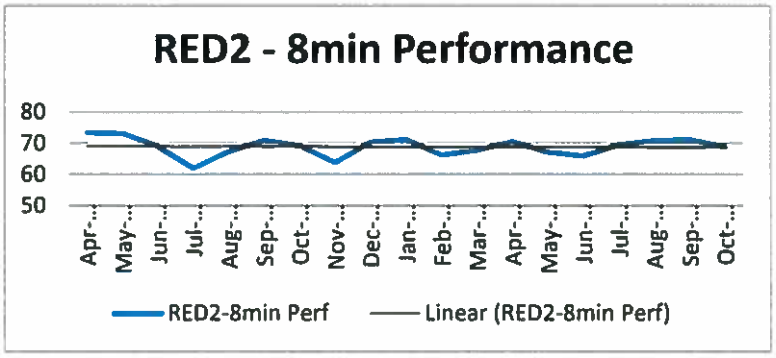
The purpose of this report is to provide an overview of the service provided by South Central Ambulance Service NHS Foundation Trust (SCAS) against our contractual arrangements and, in at greater detail, within Buckinghamshire.

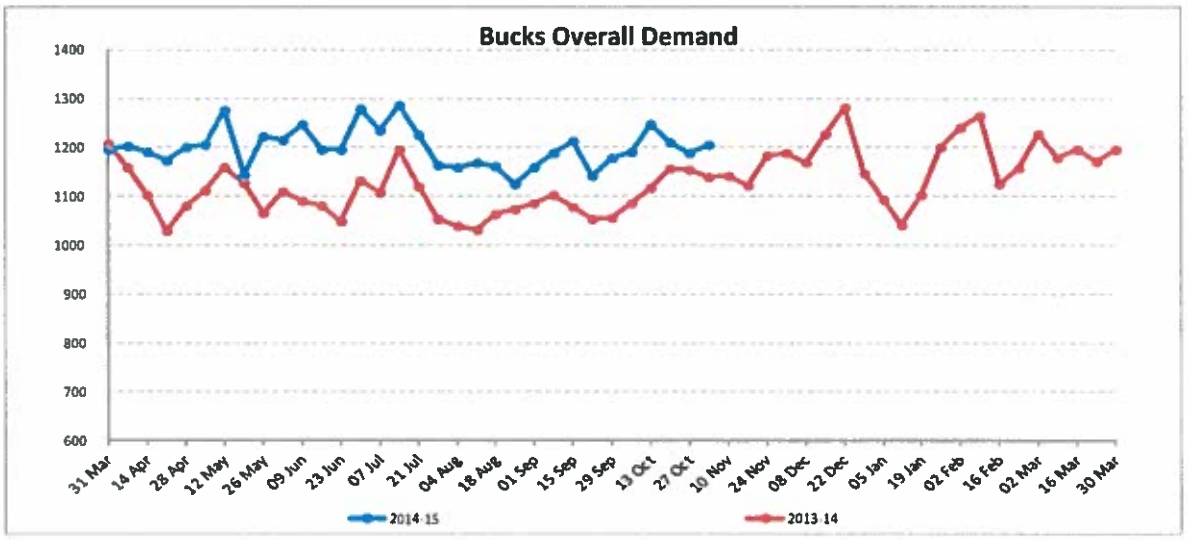
Performance – Buckinghamshire



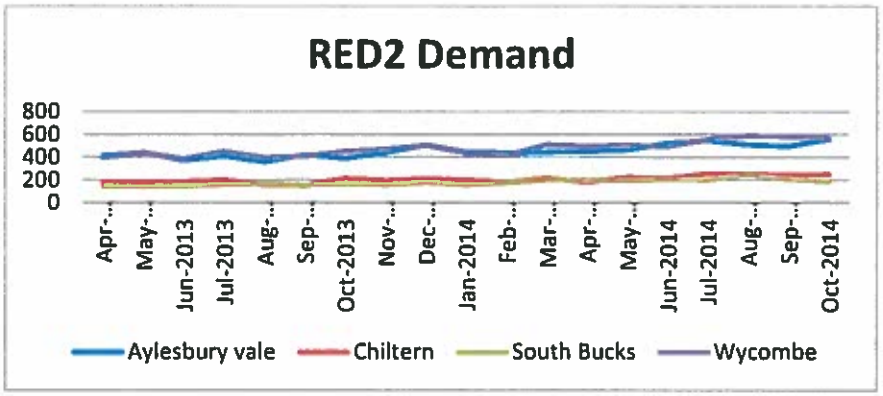


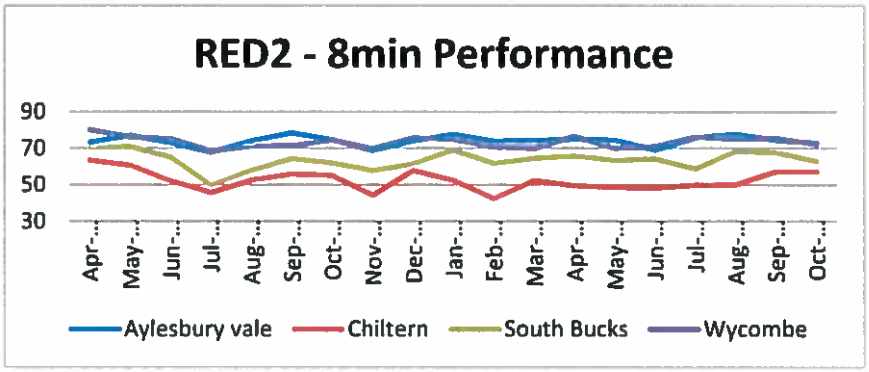
The Clinical Commissioning Groups work collaboratively with SCAS to seek continuous improvement in performance measures by reviewing these measures at County level. As part of the 2014/15 contract the CCG's have agreed with SCAS a review of cases where patients have waited longer than expected with a view to gaining learning, potential for improvement and themes for mitigating actions preventing repeats. This continues to be a focus for commissioners and will enable early identification of specifics for rural issues.

Performance and Demand



SCAS also provides the 111 service in Buckinghamshire and through greater integration of the two services is amongst the lowest providers in the country for calls transferred from 111 to 999 now at 8%.





Increased demand continues to present a challenge and we have worked with commissioners to gain winter funding to support extra vehicles to assist with Health Care Professional bookings over the winter months. This will free up a proportion of frontline ambulance time to respond to Red category calls.

Rota Review

At the last report we were in the process of analysing demand by the hour and planning to match demand daily and hourly. This work was recognised as matching demand at that time, but as with all NHS organisations, the demand continues to rise and there have been changes in traditional demand spikes. Nationally the trend has seen a shift in higher demand at evenings and weekends.

As a result we are currently in the process of re-designing our Rotas to meet these changes. We have employed the expertise of an external organisation (Process Evolution) who are working with us to develop a suitable development from our current position. This is also aiming to increase staffing numbers to better match the ever increasing demand pressures and also introduce enhanced and fair flexible working options for our staff.

As part of designing the new Rota we have identified an opportunity to improve one of the areas of challenged performance by proposing the placement of staff in the Amersham area.

Journey Times by Local Authority

The rural aspect to large parts of Buckinghamshire can make journey times a challenge. Following the closure of Wycombe Emergency Medical Centre to the public in October 2012, SCAS saw an increase in journey times to hospital as a result of the additional mileage of Ambulances travelling to Stoke Mandeville and Wexham Park Hospitals from the High Wycombe area. Journey times from this area have remained broadly

At Hospital

Excess Handover Delays (In Hours) per month

Month/ Year	Stoke Mandeville Hospital	Wycombe General Hospital	Wexham Park Hospital	John Radcliffe Hospital	Milton Keynes Hospital	Royal Berkshire Hospital
Sep-13	38:23	10:37	154:47	73:06	115:30	27:22
Oct-13	43:26	06:37	204:05	48:38	104:19	33:46
Nov-13	41:13	05:44	209:58	63:28	120:23	33:34
Dec-13	39:42	12:15	175:37	78:07	139:36	57:59
Jan-14	39:53	10:32	88:39	55:21	101:25	33:38
Feb-14	56:40	06:15	75:16	61:37	135:22	30:11
Mar-14	40:08	10:04	63:34	54:38	139:08	38:59
Apr-14	39:03	03:58	74:11	57:30	114:56	33:57
May-14	58:00	07:26	92:49	67:14	111:22	37:13
Jun-14	80:07	00:47	86:35	77:32	85:15	27:34
Jul-14	66:14	01:07	66:34	78:14	123:53	31:07
Aug-14	43:56	00:12	75:22	82:02	95:55	44:03
Sep-14	55:42	NA	59:03	61:16	73:06	45:42
Oct-14	38:40	NA	68:29	57:35	98:03	28:37

Based on Hospital Incoming Patient Terminals (IPT) which has been double verified. Data does not include any additional times where there has been a manual adjustment for any reason.

Improved from previous year | Same as previous year | Longer than previous year | No Colour – No Comparison data available.

The work started last year with colleagues from the Acute Trusts has continued, with positive results showing in the reduced handover delays experienced. Double verification of handover time between the SCAS crew and receiving hospital clinician is now standard practice across all the major hospitals Emergency Departments (ED's) and Medical Assessment Units within the SCAS area, via a web-based handover screen. As with all processes we are always looking at ways to streamline or improve and this continues in continued dialogue with the Acute Trusts.

The Hospital Ambulance Liaison Officer (HALO) project utilised last year during the winter months, proved to be a success across all the Hospitals that were funded to have one provided. The HALO's were based in the Hospital's Emergency Departments and worked as the interface between SCAS and the Hospital staff to manage issues and assist with patient flow. The staff that filled these roles spent time building relationships with the Hospital and this has enhanced understanding from both sides.

This year we have again been successful in receiving winter resilience funding to reintroduce these positions, we are now in the recruitment phase and are hopeful to have staff in post imminently. High Wycombe does not have an ED; therefore there are no plans to provide a HALO for this Hospital.

SCAS continue to enhance the use of technology and have invested in a new 999 triage system called NHS Pathways. NHS Pathways allows call handlers to identify the most appropriate service to support the patient if an ambulance is not required, and direct the patient to that service without the need to dispatch an ambulance. The implementation of NHS Pathways in May has enabled this to increase further with 3.9% (year to date) compared to 2.9% of Bucks calls now dealt with on the phone, releasing pressure on the existing ambulance resource.

We have further plans to virtualise our Emergency Operations Centre to ensure calls are directed to the next available operator and to build further resilience within the operation. In addition we are also in the process of implementing an electronic patient record and moving away from the current paper based system, which will support improved and more rapid decision making when assessing patients. This is being built to integrate with other wider IT systems to build inter-operability with other organisations.

In response to Sir Bruce Keogh's review of Urgent and Emergency Care in England (NHS England, 2013), where it was suggested that by supporting and developing Paramedics, 50% of patients calling 999 could be treated at scene, we are currently undertaking a review of how we could develop our vision of a "paramedic at home" service.

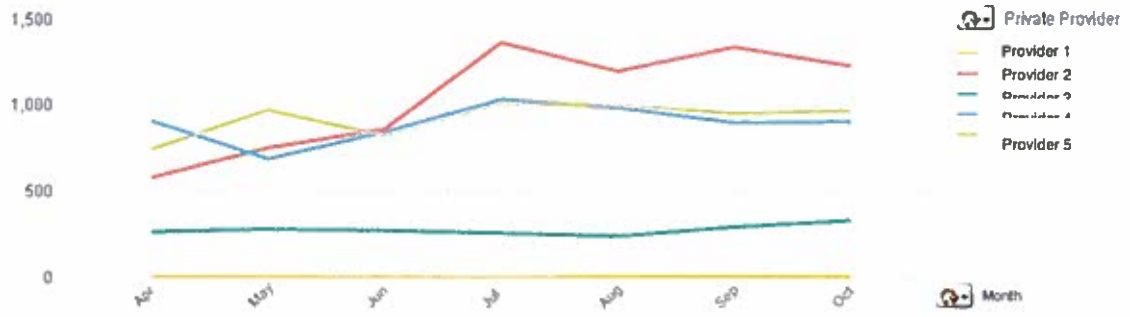
Private Provider Usage

With the increasing levels of demand, aligned to the challenges faced with staffing levels, has meant that we recognise a continued need to utilise Private Providers.

Our private providers undergo a strict assessment process before being accepted as a suitable provider. This is followed up by regular reviews, undertaken by senior members of SCAS who monitor, review and assess their performance, clinical practice, standards of care and ensure they are maintaining their agreed standards.

As part of the Private Provider cadre, SCAS utilises 5 different providers, including the existing voluntary aid societies, but on a commissioned basis. This varies in use from providing a fully equipped Emergency Ambulance or Rapid Response Vehicle to vehicles appropriate to Health Care Professional requests, where an Emergency Ambulance has been deemed not necessary.

Private Provider Allocations To Incidents



Co Responder Schemes

We have been working with the RAF in training their staff in First Person on Scene and emergency driver training. They have undertaken a number of fundraising events to provide additional response vehicles and are working in partnership with us to provide a crew of 2 in a rapid response vehicle to attend a range of life threatening calls. This is a similar position as for Community Responders, but with the added bonus of a blue light capable response, some additional training and an agreed number of hours of cover.

We have also been working with colleagues from Buckinghamshire & Milton Keynes Fire & Rescue Service to provide a similar scheme as the RAF, responding initially from Fire Stations.

Currently there are 3 Stations running, High Wycombe, Marlow and Chesham. The main difference currently between this and the RAF schemes is the ability to respond on blue lights. High Wycombe will be the first scheme to undertake this training, which will be 4 members of the scheme in December.

We continue to work with our colleagues in the Fire & Rescue Service to review the success and hope to develop these schemes further across the County.

Frequent Callers

We have been asked to provide some commentary on a Health and Social Care Information Centre document with regard to the Frequent Caller Procedure.

http://www.hscic.gov.uk/catalogue/PUB14601/ambu-serv-eng-2013-2014-rep.pdf

National Perspective

The previous Frequent Caller Ambulance Quality Indicator (AQI) was loosely defined (pre April 2014), resulting in large variation in practice and reporting between ambulance services. The consequence of this is that the previous AQI was not usable as a measure of quality, as it relied upon locally agreed definitions and policies, which are able to change at any time. A new AQI has been developed which includes a national definition of frequent callers, and each ambulance service will move to similar reporting.

The previous AQI for Frequent Callers is defined as 'Emergency calls from patients for whom a locally agreed frequent caller procedure is in place' (*SQU03_2_3_1)*. Ambulance services have different definitions of what constitutes a frequent caller and how they should be managed, meaning that where data is available from different Trusts, it has little meaning. In some cases ambulance services do not have a definition of a frequent caller, meaning they are unable to report to the AQI.

A more recent Frequent Caller definition has been developed nationally – as someone who makes 5 or more emergency calls in a month, or 12 or more emergency calls in 3 months. This definition was agreed by ambulance service representatives through the Frequent Caller National Network. The aim of the AQI is to make sure patients who are not receiving appropriate care are identified early in their care trajectory and managed, so as to improve their quality of care and reduce reliance on emergency ambulance response to meet their care needs.

National Ambulance Clinical Quality Indicators (Apr to Aug 2014)

Clinical Quality Indicator	Units	East Midlands	East of England	Isle of Wight	London	North East	North West	South Central	South East Coast	South Western	West Midlands	Yorkshire	All
ROSC	%	16.7	18.7	15.8	32.4	26.4	26.0	[illegible]	28.6	22.0	28.1	20.7	25.5
ROSC - Utstein	%	26.8	38.9	50.0	57.9	53.3	46.3	[illegible]	56.1	43.6	45.0	48.9	46.9
Cardiac - STD	%	6.2	5.1	10.5	5.1	3.1	7.8	[illegible]	9.8	9.7	9.8	6.7	7.7
Cardiac - STD Utstein	%	14.3	13.0	25.0	18.2	18.5	29.6	[illegible]	29.4	28.7	31.3	34.1	25.6

Conclusion

- This year has seen considerable growth in Buckinghamshire activity with 48% growth in Red 1 calls and 38% in Red 2 calls needing an 8 minute response.
- There is variation in performance across Thames Valley and within Buckinghamshire
- There is some evidence of good quality interventions in the service when compared with other areas.
- Innovative schemes are being trialled to enhance performance in local areas
- Recruiting workforce continues to be a challenge

References

Department of Health (2012) *Technical Amendment to the Category A8 Ambulance Response Time Standard* [online] www.gov.uk

NHS England (2013) *Transforming Urgent and Emergency Care Services in England: Urgent and Emergency Care Review, End of Phase 1 Report.* Leeds: Urgent and Emergency Care Review Team.

NHS England (2014) *Every Counts: Planning for Patients. Technical Definitions for Clinical Commissioning Groups and Area Teams.* (2nd Edition) London: NHS Confederation.