

Southend-on-Sea Borough Council

Department of the Chief Executive

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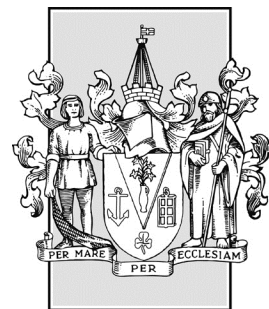
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PEOPLE SCRUTINY COMMITTEE - WEDNESDAY, 18TH OCTOBER, 2017

Please find enclosed a copy of the following presentation given at the meeting of the People Scrutiny Committee on Wednesday, 18th October, 2017

Agenda No Item

5. **The NHSE Ambulance Response Programme** (Pages 1 - 4)

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The NHS England Ambulance Response Programme (ARP)



Karl Edwards
Deputy Director of Service Delivery

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The single biggest change in the ambulance sector in decades

- Challenged the time-based targets for clinical based model (8 minutes for half of our patients)
- Pilot across three trusts
- 14m patient journeys
- ARP 2 all trusts on pre-triage questions and 'Nature of Call'
- More time to triage unless immediately life threatened
- Platform for wider change
- Better use of the professional workforce
- Enhanced triage and hear and treat / see and treat
- Part of a whole system change
- Right resource, first time, right outcome
- More lives can potentially be saved

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What we know now


Sheffield Uni reported findings and made recommendations helping ambulance services to manage demand in the future.


The main findings of the Ambulance Response Programme:

- ✓ Giving call handlers more time to assess a call works
- ✓ The most urgent emergency calls do not receive a slower response when call handlers have this extra time available
- ✓ The ambulance service becomes more efficient, and there are less long waits for an ambulance to arrive
- ✓ Patients in rural areas get a faster response than they did before
- ✓ In more than 14 million 999 calls analysed no patient came to harm as a result of the ARP
- ✓ Ambulance staff agreed with the changes and recognise that they are beneficial to patients and to staff.

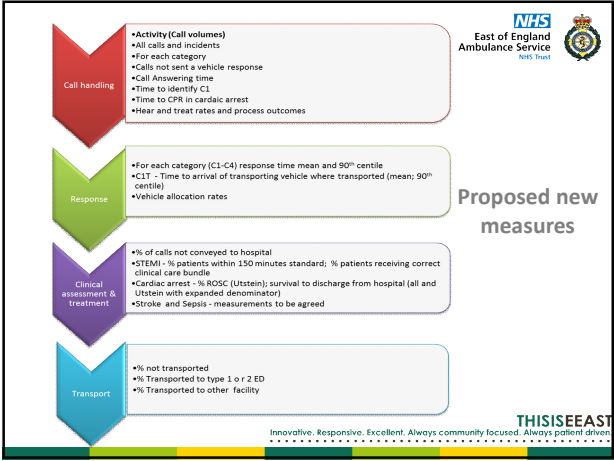
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Category	National standard	When does the clock start?	What stops the clock?
Category 1 Purple Life threatening	7 minutes mean response time 15 minutes 90th centile response time	The earliest of: <ul style="list-style-type: none">the problem is identifiedan ambulance response is dispatched30 seconds from the call being connected	The first ambulance service-dispatched emergency responder arriving at the scene of the incident (there is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
Category 2 Yellow Emergency	18 minutes mean response time 40 minutes 90th centile response time	The earliest of: <ul style="list-style-type: none">the problem is identifiedan ambulance response is dispatched240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock . If the patient does not need transport, the first ambulance service-dispatched emergency responder arrives at the scene of the incident
Category 3 Amber Urgent	120 minutes 90th centile response time	The earliest of: <ul style="list-style-type: none">the problem is identifiedan ambulance response is dispatched240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock . If the patient does not need transport the first ambulance service-dispatched emergency responder arrives at the scene of the incident
Category 4 Green Less Urgent	180 minutes 90th centile response time	The earliest of: <ul style="list-style-type: none">the problem is identifiedan ambulance response is dispatched240 seconds from the call being connected	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock . [C4 patients may be given advice over the phone or referred to another service such as a GP or pharmacist]




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What is the impact on patients?

We are confident in the changes being made because they are based on solid evidence and are designed to ensure:


- the sickest patients receive the fastest response
- patients get the response they need first time, and in a timeframe that is appropriate for their condition
- resources should be spread more equally amongst all patients, meaning they will not have to wait many hours for an ambulance to arrive
- people living in rural areas receive a more equitable response.

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The Independent Service Review


- This is an independent review, commissioned by NHS England and NHS Improvement, to understand what staffing EEAST needs to meet patient demand
- This review will look at four elements: the cost of the service; the efficiency of the service; the right contracting model; and the appropriate staffing levels
- The review will report back in the coming weeks


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Thank you


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