

East of England Ambulance Service

NHS Trust

Background

The East of England Ambulance Service NHS Trust (EEAST) has put in place a number of initiatives to improve its service to patients and the public should start seeing these bear tangible benefits over the next few months. This is part of a wider strategy to deliver a more tailored service to patients whilst meeting the challenges EEAST faces – an ever increasing number of 999 calls, the ongoing drive to improve the quality of our services and the need to make efficiency savings of over £50 million in a five year period.

As a result, EEAST is implementing a new integrated service model to deliver this strategy. At the heart of this is a more in depth telephone assessment for those patients with less serious conditions to get them the help they really need (which could be advice over the phone or referral to a more appropriate health service such as their GP or minor injuries unit) rather than sending an ambulance.

This is being carried out by Clinical Support Desks who are now saving around 900 ambulance journeys a weeks. This is better for the patients as they get the help they need without needing to go to hospital, better for the NHS and hospitals and it frees up ambulances to respond to patients who really need an emergency response.

However, this alone will not meet all the challenges. Therefore EEAST is redesigning front line rotas to make sure its resources are in the right place at the right time to help patients and the revisions are based on a sophisticated demand analysis. This also means that by working more efficiently and effectively for patients EEAST can protect front line staffing and make no front line staff redundant.

Rota redesign is not about taking resources out – EEAST is making no front line staff redundant. Indeed EEAST has recruiting over 100 new Emergency Care Assistants to the front line so far this year and is looking to recruit over 190 additional paramedics and ECAs as well.

How 999 calls are prioritised

All 999 calls received into our control rooms (Health & Emergency Operations Centres) are triaged by call handlers using software called the Advanced Medical Priority System. The purpose of the triage is to identify the seriousness of the patient's condition by asking a series of focussed questions around the chief complaint to determine the priority of the call.

The call priority then determines the level and type of response sent in line with Trust policies and national and government targets, so that those in most need get the fastest response. The call priorities and level of response are broken down into red and green categories nationally:

- Red 1 and red 2
These are calls that are classified as immediately life threatening and require an emergency response (with blue lights). The target is to arrive at these patients within 8 minutes irrespective of location in 75% of cases.
- Green 1
These are serious calls but not life threatening which require an emergency response to arrive in 20 minutes.

- Green 2
These are serious calls, but not life threatening, which require an emergency response to arrive in 30 minutes
- Green 3
These are low acuity calls which require a phone assessment within 20 minutes (a clinician calling back for a secondary telephone triage to establish the best pathway of care) or an ambulance response at normal road speed within one hour.
- Green 4
These are the lowest acuity calls which require a response within 60 minutes or a phone assessment within 60 minutes (as described above).

As part of our new integrated service model the Trust has developed Clinical Support Desks. The clinicians who work on these call back patients with less serious conditions to undertake a more in depth assessment to understand what they really need which could be referral to a more appropriate health service provider, advice over the phone or the dispatch of an ambulance resource.

Rota redesign

The impact of rota redesign in Peterborough is that there will be more hours per week of emergency cover provided, although there will be changes to when resources are scheduled to better meet patient demand. In Peterborough the changes to hours of cover per week are as follows:

Emergency vehicle type	Existing planned weekly hours of cover	Future planned weekly hours of cover
Rapid response vehicle	644	696.5 (+52.5 hours)
Intermediate tier vehicle (crewed by two Emergency Care Assistants)	155.5	140 (-15.5 hours)
Double staffed ambulance	774.5	889 (+ 114.5)

In effect this investment in hours results in the creation of 8 new whole time posts at Peterborough ambulance station.

Patient handover delays

Across the region, the Trust continues to see significant patient handover delays despite continuous partnership work. However, The Trust works closely with Peterborough City Hospital and is pleased to report that it does not have any significant patient handover delay problems here. Indeed it is regarded as an example of best practice across the region.

Peterborough

Cambridgeshire has made dramatic improvement to its core standards over the past 12 months. Its estate has been updated in many areas and now is considered a top performer on a consistent basis regarding Infection Prevention and Control.

Peterborough is managed as part of the Trust's North West sector. The table below shows time response performance for the Peterborough Primary Care Trust (PCT) area for April to November 2012 and shows the Trust's activity and performance for category A patients or red calls – i.e. those in potentially life threatening conditions.

PCT area	Category A activity	A8 %	A19 %
Peterborough PCT	6,348	85.65%	98.23%

The Trust is funded to hit a regional target for A8 and A19, with the target to get to 75% of category A calls within 8 minutes (the A8 target) and providing a transportable resource within 19 minutes of request for such patients (the A19 target). As this table shows, performance within the Peterborough PCT area is very strong.

The local team is performance managed on the ambulance quality indicators and is pushing forward with the stroke 60 targets (60 minutes from time of the call to the patient receiving thrombolysis in an hyper acute stroke centre). The team have also continued to deliver a gold standard of service directly conveying patients who experience a heart attack to their respective PPCI centre. And the service has recently extended its range of pain relief to encapsulate those patients with mild to moderate pain using co-codamol.

The Trust has also progressed and developed a major trauma pathway model, identifying quickly patient's conditions and quick referral pathways to regional trauma centres. The service has also introduced a new drug called Tranexamic acid as a means to reduce blood loss for severely injured trauma patients. This assists patients in severe trauma cases with significant blood loss in stabilising their pre hospital experience.

The Trust will be shortly introducing as a trial a new transport model, called UCAS. UCAS is a resource that allows clinicians to dictate what type of transport a patient needs to convey them to hospital, out of hours service, dentists or GP surgery. Historically the Trust has transported patients in double staffed ambulances to the acute settings, sometimes in a level of transport that was not reflective of their needs. UCAS brings a different type of transport dependant on medical need to the clinicians making their initial medical assessment, allowing life saving ambulances to be targeted to those patients that need them most.

Understanding the importance of providing the right care to patients, at the right time, local managers continue to work with alternative care pathway providers to identify ways to avoid inappropriate admissions to hospital when options to manage patients in a more suitable setting exists. Examples of these include work with Intermediate Care Service beds at the City Care Centre and the potential to refer patients to specific Mental Health Services.

Calls to patients who have fallen make up a significant number of our 999 responses across the region. In Peterborough we are working closely with the commissioners to develop a falls car service crewed with a Paramedic and Social Worker or Therapist. This would aim to review those patients who have fallen to reduce the risk to them falling again in the future and linking in with other healthcare providers to offer the appropriate levels of support.

We continue to look at opportunities in the Peterborough area to develop standby locations for crews in order that they can base themselves around the city and thus reduce the travel distance to emergency calls in the city and surrounding area. We currently have full standby posts in Werrington, Hampton, Parnwell and the facility to standby in locations in Dogsthorpe, Stanground and Bretton. We are looking to develop the Bretton standby location into a full response post with better facilities for crews in 2013.

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