



# Presentation to Wyre Overview & Scrutiny Committee

11 February 2019

# Our Strategy

- Our ambition is to be the best ambulance service in the UK by providing the right care, at the right time, in the right place, every time.
- We will achieve this by taking clinical decisions early in the patient journey to ensure no patient is needlessly waiting.



Delivering the right care, at the right time, in the right place

# Ambulance Response Programme Pilot

On 7<sup>th</sup> August 2017, North West Ambulance Service joined the Ambulance Response Programme Pilot (v2.3)

The aim of the pilot is to ensure:

- **all patients** receive the **most appropriate response** for their needs
- the **sickest patients receive treatment without delay.**

Largest study of an ambulance system ever completed, anywhere in the world:

- research by academics at Sheffield University
- more than *14 million* ambulance calls monitored
- no patient safety incidents found

# Why ARP?

- Increased demand on the Ambulance Service
- Little or no increase in front line services
- Timeframes overruling patient care
- High diverting figures with crews on blue lights
- Patients not being conveyed for longer periods whilst RRVs were considered to be giving care...

# ARP Objectives

- Timely response to patients with life threatening conditions
- Right clinical resources to meet the needs of patients
- Reducing multiple allocations
- Reducing the diversion of resources
- Increasing hear and treat
- Increasing see and treat
- Conveying (transporting) resource availability

# What are the changes?

- Change in focus – fastest v's *best* and *most appropriate* response
- Call handlers have more time to assess 999 calls which enables better identification of patients' needs to send the most *appropriate* response first time.
- Under the new model, response times to ALL patients are considered in the standards, versus the old model in which only the performance of the *most life threatening* calls were monitored, and of which only 75% of incidents were required to meet the standards

# How Do The Changes Benefit Patients?

- A new set of *pre-triage questions* recognise patients in need of the fastest response, earlier in the call e.g. cardiac arrest
- The *most appropriate vehicle* will be sent first time. E.g. stroke
- Sending the correct vehicle first time and not multiple vehicles\* will help to free up resources to respond to other emergencies

\*NB: In some circumstances it may still be necessary to send multiple vehicles e.g. cardiac arrest

# New Measures

**Mean** = NWAS performance will be based upon the (mean) average time for **all** incidents.

**90<sup>th</sup> Percentile** = NWAS performance will be based upon meeting the standard 9 out of 10 times.



# ARP 2.3 Response Standards

Category	Mean	90 <sup>th</sup> Percentile
Life threatening Category 1	7 minutes	15 minutes
Emergency Category 2	18 minutes	40 minutes
Urgent Category 3	60 minutes	120 minutes
Less Urgent Category 4	-	180 minutes

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## So how are we doing in Fylde YTD?

	C1 Mean 7 mins	C1 90 <sup>th</sup> 15 mins	C2 Mean 18 mins	C2 90 <sup>th</sup> 40 mins	C3 Mean 60 mins	C3 90th 120 min	C4 90th 180 min
Morecambe Bay	08:11	14:51	17:10	36:50	00:36:02	01:26:22	02:13:14
Fylde	07:31	13:19	22:04	48:55	00:56:16	02:19:38	03:17:12
South Lancashire	08:49	15:19	25:36	54:32	01:06:02	02:31:00	03:31:03
East Lancashire	08:26	14:51	22:15	46:30	01:00:17	02:23:33	03:05:18

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# Fylde Demand Apr 18 - YTD

- Total Calls Received = **65000** (214)
- Calls Sourced by 111 = **10039**
- Calls with F2F Response = **46102**
  - S&T YTD = **13686** (27.8%)
  - H&T YTD = **3122** (6.34%)

# Performance Improvement Plan

1. Increase numbers of DMA
2. Increase S&T and H&T
3. Reduce ratio of responding vehicles
4. More clinicians in EOC
5. Early identification of most life threatening calls by use of key words
6. More informed dispatch for other calls.
7. Work with partners to enhanced turnaround target of 30 mins

# 15 New DMAs across Lancashire

## 1. Achieved by:

(Reduction of RRV, Conversion of UCS and £1.16m investment CAL)

1. Morecambe Bay – 2 new 12hr DMA 7 days per week
2. Fylde Coast – 4 new 12hr DMA 7 days per week
3. South Lancashire – 6 new 12hr DMA 7 days per week
4. East Lancashire – 3 New 12hr DMA 7 days per week

# Wider NWAS Initiatives

- Introduction of electric powered vehicles
- Planning permission in place for brand new build estate (Hub & Spoke/Make Ready model)
- 100% of paramedic grades trained in MTS
- Introduction of Electronic Patient Records (access to SCR's) Web-based access

## 2. Increase in S&T and H&T

H&T January 2018 was 4.49%

H&T for January 2019 8.21%

Fylde S&T year to date sits at 27.80% against a target of 24.35%

## 3. Reduce ratio of responding Vehicles

Jan 2019 – 1.08 Vehicles to Category 2 Calls

Jan 2019 – 2.0 Vehicles to Category 1 Calls

## 4. More Clinicians in EOC

Team of dedicated EOC Clinicians in Lancashire Control room supporting patients and control room staff at the first point of patient contact

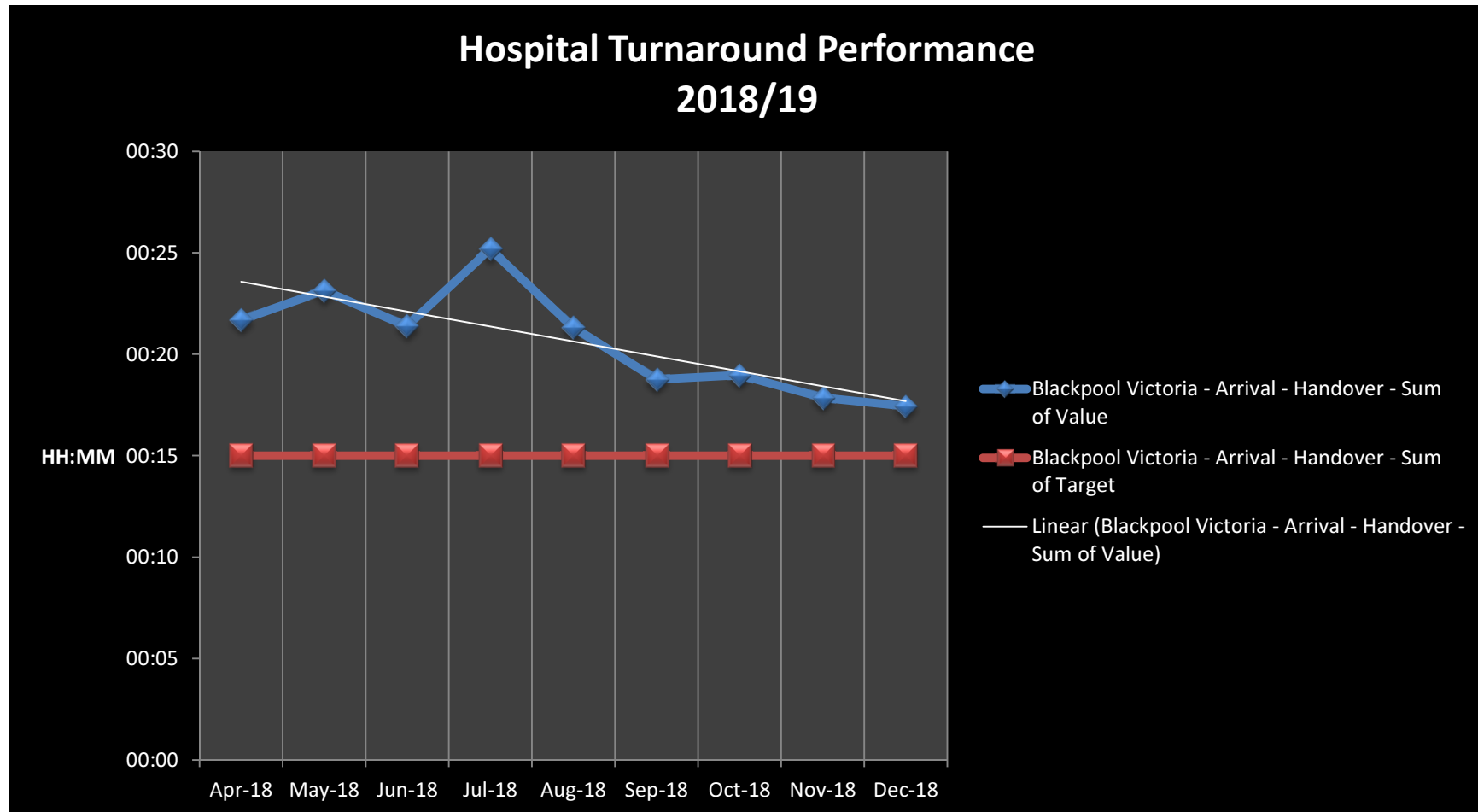
## 5. Early identification of most life threatening calls by use of key words

## 6. More informed dispatch for other calls.

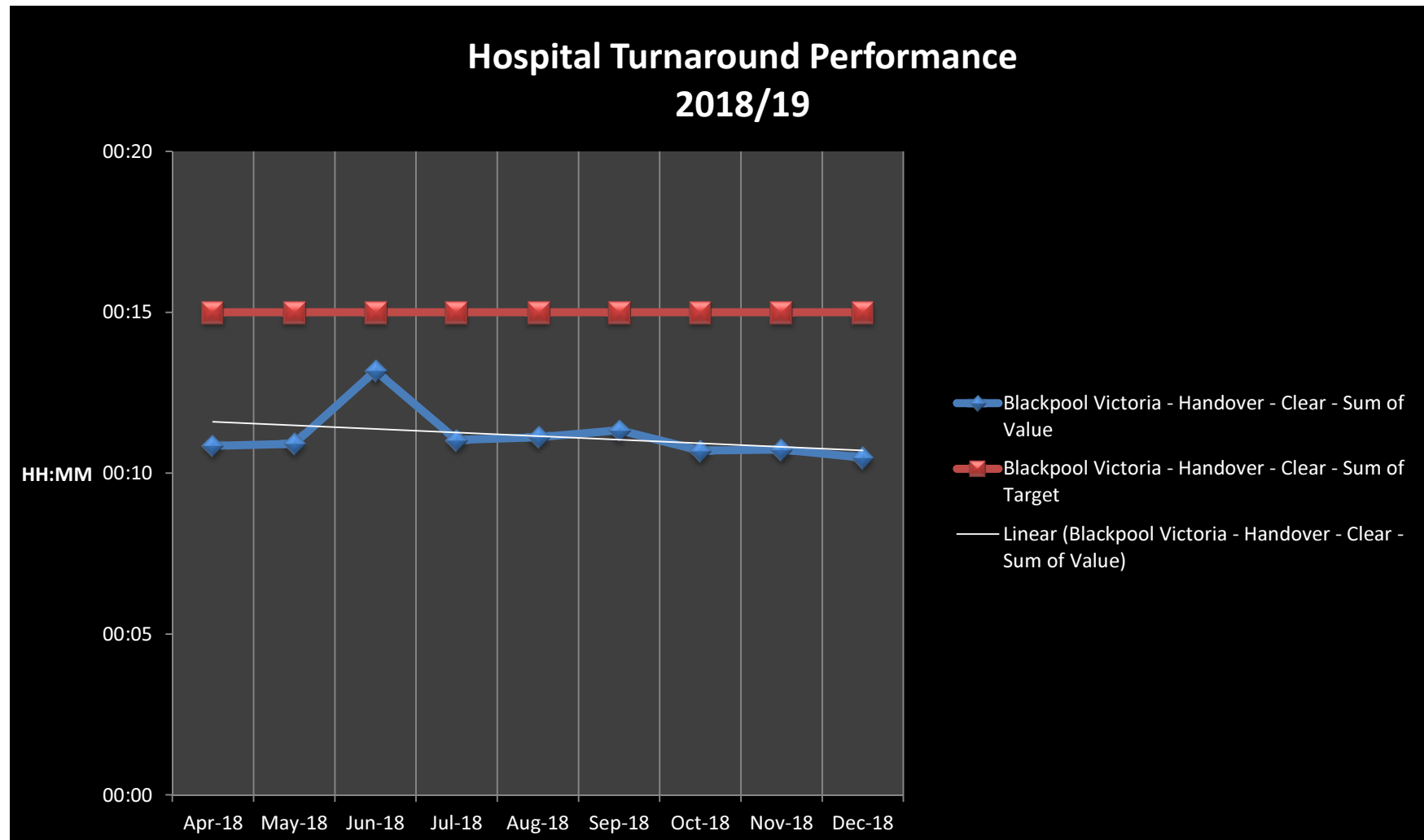
Introduction of the NOC list by NWAS in all Control rooms



# Arrival to Handover



# Handover to Clear



# Summary

- The Trust continues to work within the commissioning governance framework, with CCGs, Acute Trusts, and other providers to assist in continuing to develop & improve provision of urgent & emergency care thereby ensuring...

Right care, at the right time, in the right place.

Thank you.

# Any questions?



Delivering the right care, at the right time, in the right place; every time