

GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

Date: 11 September 2019

Subject: North West Ambulance Service (NWAS) Performance across Greater Manchester (GM)

Report of: Daren Mochrie, Chief Executive, North West Ambulance Service (NWAS)

PURPOSE OF REPORT:

To update the committee on the performance of North West Ambulance Service (NWAS) across Greater Manchester (GM).

RECOMMENDATIONS:

The Greater Manchester Joint Health Scrutiny Committee is asked to:

Note the performance figures of North West Ambulance Service in GM and the opportunities to improve the service provided to Greater Manchester patients.

CONTACT OFFICERS:

Michael Forrest, Deputy Chief Executive

Michael.forrest@nwas.nhs.uk

1.0 BACKGROUND

- 1.1 The North West Ambulance Service (NWAS) currently provides urgent and emergency care services to the 7.2m population of the north-west including the 2.7m residents of greater Manchester. These services include 999, 111 and Patient Transport Services.
- 1.2 The Urgent and Emergency Care service and PTS services operate from around 30 ambulance stations across Greater Manchester, which also hosts one of our three 999 Emergency Operations Centres. The 111 service is a regional service and is based at Middlebrook in Bolton.

Across the three services of 999, NHS 111, and Patient Transport Service, the Trust employs over 2050 frontline staff in Greater Manchester. This includes:

- Paramedic Emergency Service 1242
- Emergency Operations Centre 182
- 111 Middlebrook, Bolton 345
- Patient Transport Service 294

- 1.3 There is a dedicated team to serve the population of Greater Manchester but the area also benefits from being part of the wider North-West wide ambulance service. This is a particular benefit in times of high demand where 999 calls can be virtually transferred to one of our call centres in Preston or Liverpool and crews can and do move across geographical borders.

2.0 PERFORMANCE

- 2.1 Following the development and implementation of a North West wide Performance Improvement Plan (PIP) in May 2018, the Trust made significant improvements in performance throughout the 2018/19 operational year. Whilst response performance has stabilised, leading to a considerable improvement in patient safety, we are committed to achieving continued improvements, and in 2019/20 have devised a Service Delivery Improvement Plan (SDIP) with the purpose of achieving and maintaining standards.
- 2.2 The Trust understands that, as well as making further improvements to fleet resource, operational rosters, and contact centre functions, more sustainable and long term performance delivery will be dependent on delivery of large scale programmes such as:
 - Enhancement of Digital and Interoperability Capability
 - Development and Implementation of Integrated Response Models
 - Expansion of Hospital Handover Initiatives
 - Further improvements to our management of patients in the community through telephone advice and use of alternative pathways from scene

- 2.3 Across GM, the Trust has achieved some notable successes; during 2018/19 we conveyed over 15,500 fewer patients to Emergency Departments by both doubling our telephone triage capability, and increasing patients managed on scene. This trend has continue into the 2019/20 operational year although we must continue to work with the wider health system to ensure that pathways of care are timely and responsive. Good examples would be the Wigan Community Response Team and the Tameside Digital Hub, an example of which is provided in Sections 2.5-2.8 below.
- 2.4 Since the introduction of the Ambulance Response Programme in August 2017, we are measure against a revised set of national standards. These standards followed an extensive national code-set trial designed to ensure patients presenting with time critical needs receive a faster response, and those patients who are not acutely unwell can be managed across a wide range of settings.
- 2.5 Timely access to response pathways of care is crucial to managing patients without the need for conveyance to ED. The NWS referral pathway into the Wigan Community Response Team (CRT) was developed in August 2018. The main objective was to reduce conveyance to hospital for frail/elderly patients who could be supported in a community setting with additional support. With rapid wrap-around care, these vulnerable patients could potentially remain in the best place to receive care commensurate with their individual need. The CRT was an existing service, however we felt that if NWS could access and utilise the multidisciplinary team and wider range of services, patient care would benefit.
- 2.6 A joint project group was set up and the pathway went live on 6th August 2018. In the first 6 months of the scheme, Ambulance conveyance to local hospitals reduced by 10% (n=1400). This equated to around 8 Ambulances per day. Referrals to alternative services in the local area have increased by c. 230% since the creation of the pathway.
- 2.7 Since its inception, clinical utility has been enhanced, with regular multidisciplinary learning forum meetings to review activity, understand when referrals aren't successful, and future innovative developments including a rotational paramedic pilot due to commence in October 2019. This will further support patients through winter 2019/20.
- 2.8 The Wigan CRT is a wonderful example of how NWS can work with providers across the wider health system, and we intend to pursue similar models of care to ensure that patients avoid unnecessary conveyance when clinically appropriate to do so.

3.0 PARAMEDIC EMERGENCY SERVICE PERFORMANCE HIGHLIGHTS

- 3.1 From the 1st April to the 31st August, our Greater Manchester 999 Service received 271,019 calls which resulted in 197,534 unique patient incidents. These patients were managed in a number of ways:

3.2	Managed by Telephone Advice (Hear & Treat)	19,927	10.09%
	Managed on scene with the need for conveyance	53,027	26.84%
	See and Convey	124,580	63.07%
	Total	197,534	100%
	1. Managed by conveyance to non-type 1 or type 2 Emergency Department	7,330	5.99%
	2. Managed by Conveyance to a type 1 or type 2 Emergency Department	115,564	57.08%

3.3 Patients are managed in a way that reflects their clinical condition. The Trust uses clinical triage pathways allowing our crews to confidently determine the most appropriate place of care. This includes all categories from Category 1 to Category 4.

3.4 An explanation of the ARP calls is provided below:

Category	Response	Average response time
Category 1	For calls to people with immediately life-threatening and time critical injuries and illnesses.	These will be responded to in a mean average time of seven minutes and at least 9 out of 10 times before 15 minutes .
Category 2	For emergency calls. Stroke patients will fall into this category and will get to hospital or a specialist stroke unit quicker because we can send the most appropriate vehicle first time.	These will be responded to in a mean average time of 18 minutes and at least 9 out of 10 times before 40 minutes .
Category 3	for urgent calls. In some instances, patients in this category may be treated by ambulance staff in their own home. These types of calls will be responded to at least 9 out of 10 times before 120 minutes	These types of calls will be responded to at least 9 out of 10 times before 120 minutes .
Category 4	for less urgent calls. In some instances, patients may be given advice over the telephone or referred to another service such as a GP or pharmacist.	These less urgent calls will be responded to at least 9 out of 10 times before 180 minutes

3.5 In order to demonstrate improvements in service and performance standards, we have provided a direct comparison between quarter 1 2018/10 and quarter 1 2019/20.

Performance	ARP Standard	2018/19	2019/20	Difference
C1 Mean	00:07:00	07:47	06:43	-00:01:04
C1 90 th Percentile	00:15:00	00:12:42	00:10:53	-00:01:49
C2 Mean	00:18:00	00:25:06	00:22:04	-00:03:02
C2 90 th Percentile	00:40:00	00:55:22	00:46:11	-00:09:11
C3 Mean	00:60:00	01:18:09	01:11:00	-00:07:09
C3 90 th Percentile	02:00:00	03:04:13	02:46:02	-00:18:11
C4 90 th Percentile	03:00:00	03:08:00	02:52:22	-00:15:38

3.6 Improvements have been made against all ARP standards. We acknowledge the need to continue to make further improvements in accordance with the SDIP.

3.7 Delivery of Performance Standards is dependent on a number of critical factors including activity levels, and service standards such See & Treat, Hear & Treat, See & Convey levels, and Hospital Turnaround times. The following table demonstrates year on year comparisons for those critical standards.

3.8 GM area

All	2018/19	2019/20	Difference
999 CAD Calls	135230	142352	7122
Unique Emergency CAD Records	123597	134275	10678
See and Convey %	69.53%	63.15%	-6.38%
See and Treat %	24.46%	26.29%	1.83%
Hear and Treat %	6.00%	10.56%	4.56%
A&E Attend	70019	69041	-978
None A&E Attend	5458	6034	576
Lost Time Turnaround >30m (h)	7262	6414	-848
Mean at Hospital to Clear Time	32:12	31:00	-01:12

3.9 The increase in activity has significantly exceeded the 3.8% growth expectation. More importantly, during Q1 incident growth (requiring a patient contact) increased by 8.6% (n=10,678). Despite this growth, the number of patients managed by conveyance to ED has reduced by 978, meaning that we have managed to mitigate the entire growth impact on ED attendances.

3.10 Improvement work will continue throughout the year, with specific emphasis of digital developments, integrated urgent care, provision of care closer to home, and hospital handover. We aim to deliver all ARP standards by Quarter 4 of 2019/20.

4.0 OTHER

4.1 The Trust has developed a number of key strategies over the past twelve months in order to support our ambition to be in the top three ambulance services by 2021, and to the best ambulance service in England by 2023. Our Urgent and Emergency Care and Quality Strategies will ensure we deliver right care, at the right time, in the right place, every time, and they are complemented by a number of key enabling strategies such as digital, workforce, fleet, and estates.

4.2 We continue to strive to deliver an outstanding service to the population of Greater Manchester and the North West, and we are confident that the implementation of the strategies together with the ongoing pursuit of outstanding performance in accordance with the Service Delivery Improvement Plan, will allow us to continue improvements throughout the operational year.

5.0 RECOMMENDATIONS

The Greater Manchester Joint Health Scrutiny Committee is asked to note the performance figures of North West Ambulance Service in GM and the opportunities to improve the service provided to Greater Manchester patients

