

Greater Manchester Joint Health Scrutiny

Date: 9 November 2022
Subject: Greater Manchester area performance and activity
Report of: North West Ambulance Service NHS Trust

Purpose of Report:

To update the committee on the performance and activity of North West Ambulance Service NHS Trust.

Recommendation:

The Committee is requested to note the content of the report.

Contact Officers:

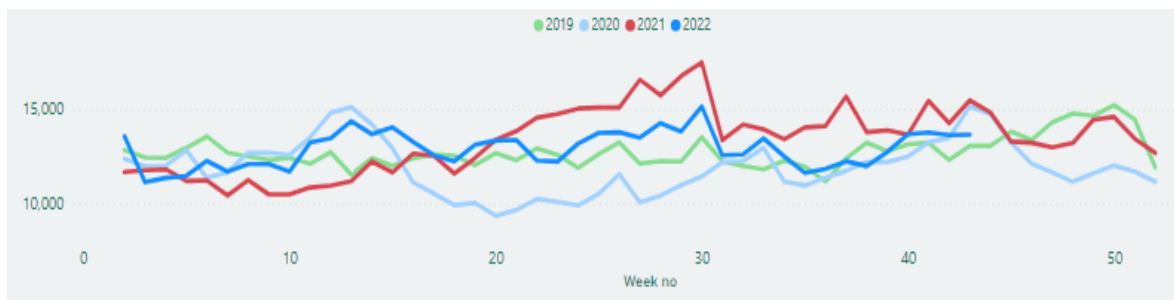
Ian Moses Area Director & Dan Smith Head of Operations

1. Background

- 1.1 North West Ambulance Service NHS Trust provides 999, 111 and Patient Transport Services to Lancashire, Merseyside, Cheshire, Cumbria, Glossop and Greater Manchester. The Trust has 26 ambulance stations covering the Greater Manchester and Glossop Area. Providing a base for 189 emergency ambulances, 19 rapid response vehicles, 19 Hazard Area Response Team (HART) response and incident response vehicles.
- 1.2 There is an Emergency Operations Centre (EOC) based in Manchester, which is one of three EOCs in the North West. The Manchester EOC supports the dispatch of emergency ambulances to incidents in Greater Manchester. Answers 999 calls from across the North West, provides clinical hub services to patients requiring telephone clinical support and also provides the regional operations command centre function.
- 1.3 There is also a large 111 call-centre in Bolton, providing 111 services to the North West.
- 1.4 The paramedic emergency service has a workforce of approximately 1400, including 105 Senior/Advanced Paramedics, 658 Paramedics, 498 Student Paramedics/Emergency Medical Technicians/Urgent Care Staff.
- 1.5 Unless stipulated otherwise, the data in this report shows the position from 28 March 2022, until 30 September 2022.

2. Activity

- 2.1 This graph demonstrates the 999 calls received by NWS for the Greater Manchester and Glossop area, with comparable data from the last 3 years. (this graph is January to December reporting).



2.2 Greater Manchester has taken 92965 999 calls between 28 March 2022 and 30 September 2022. Resulting in 56631 emergency incidents.

2.3 NHS 111 activity: Greater Manchester triaged calls breakdown period 1 April to 30 September 2022:

Total number of calls triaged over the time period	282749
Triaged calls referred to a clinical advisor	36156
Total number of calls where a person was offered a call back	35842
Total number of calls where call back was achieved in under 10 minutes	3256
Call back %	9%
Total recommended to A & E	33246
A & E as a percentage of all triaged calls	12%
Total recommended to attend primary and community care	165793
Primary and community care as a percentage of triaged calls	59%
Total recommended to attend other service	4500
Recommended to attend other service as a percentage of triaged calls	2%
Total not recommended to attend other service	49674
Not recommended to attend other service as a percentage of triaged calls	18%
Total number of calls directed to 999 for ambulance dispatch	29374
Ambulance dispatch as a percentage of triaged calls	10%

3. Response

3.1 Calls to 999 are categorised in to four basic categories. These categories are assigned following a system called NHS Pathways, which our call assessors use to clinically determine the needs of the patients.

3.2 The categories are:

C1: Category one is for calls about people with life-threatening injuries and illnesses. We aim to respond to these in an average time of 7 minutes and at least 9 out of 10 times within 15 minutes.

C2: Category two is for emergency calls. We aim to respond to these in an average time of 18 minutes and at least 9 out of 10 times within 40 minutes

C3: Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home. We aim to respond to these within 120 minutes at least 9 out of 10 times.

C4: Category four is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. We aim to respond to these at least 9 out of 10 times within 180 minutes.

3.3 The response time performance in Greater Manchester and Glossop is:

By Category				
29,238	118,118	45,162	1,445	17,541
C1	C2	C3	C4	C5
Mean Response Time				
00:07:26	00:36:39	03:25:43	04:47:37	04:58:47
C1 (7m)	C2 (18m)	C3	C4	C5
90th Percentile Response Time				
00:12:09	01:20:30	08:10:37	11:51:56	11:54:02
C1 (15m)	C2 (40m)	C3 (1h 20m)	C4 (3h)	C5

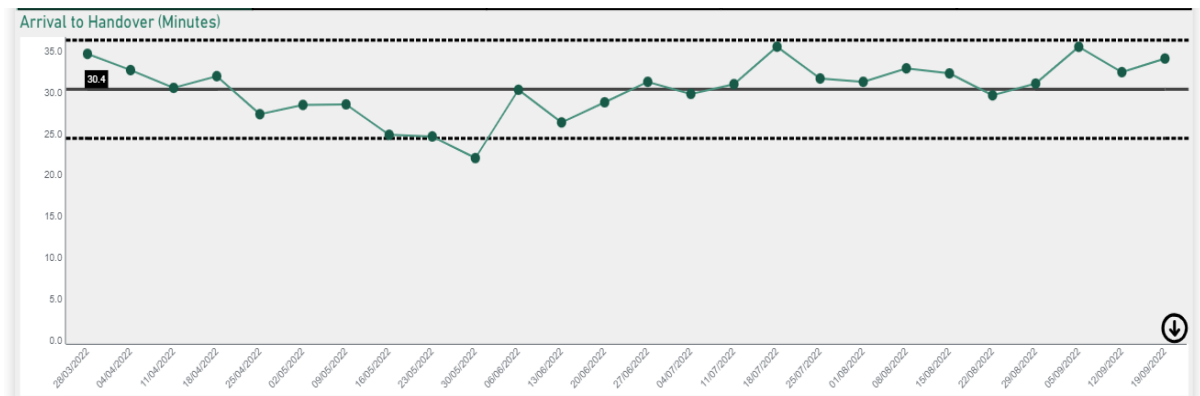
3.4 The resourcing position in Greater Manchester is generally healthy, with 100% of commissioned resourcing being deployed daily. This is supported by private provider vehicles, commissioned by NWAS, to support the current demand on our services.

3.5 Hospital turnaround, is the period of time it takes to hand over a patient from the care of NWAS to the care of receiving clinicians at hospitals. There are two stages, each stage should not take more than 15 minutes, the two stages are;

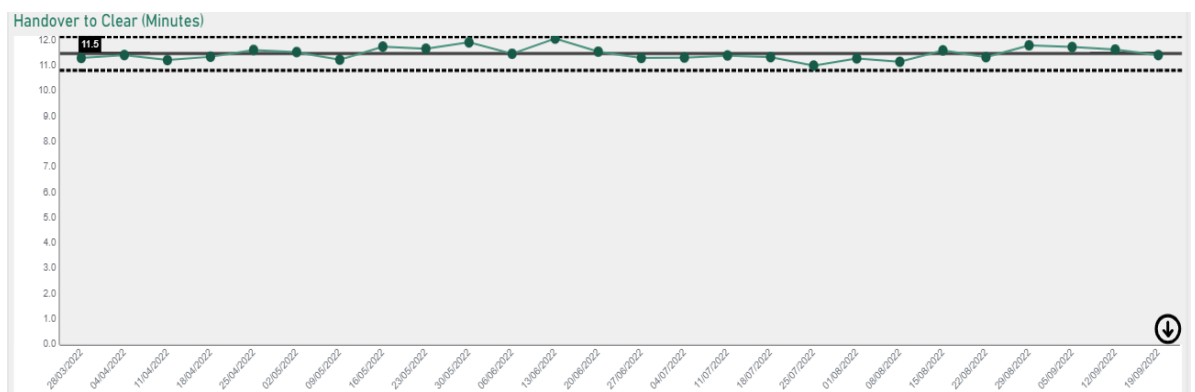
Hospital Handover – the time from arrival of the patient at hospital and the acceptance of that patient by hospital clinicians.

Handover to Clear – the time ambulance clinicians take to ready themselves and their vehicle for the next patient.

The two stages should take no more than 30 minutes in total. The current performance of hospital handover in Greater Manchester is shown below:



The current performance of handover to clear is shown below:



3.6 Hospital Turnaround Delays in Greater Manchester have resulted in 73892 lost ambulance hours in the reporting period.

3.7 'Delayed admissions' is the term used for occurrences when patients have to wait on ambulances outside departments, due to their being no room inside the hospital. In Greater Manchester this has occurred 4483 times in the reporting period.

3.8 NWAS works extremely closely with the emergency departments and the wider Health and Social Care system in an attempt to reduce these delays. Whilst the numbers are stark and represent poor patient experiences, they are also an indication of significant pressure on both the ambulance service and our partner organisations, the answer is extremely complex.

3.9 NWAS has instigated a number of actions in response to the delays:

- ETA scripts to callers- NWAS provides an estimated response time to callers, to enable them to make personal decisions about what to do next
- Safety whilst waiting- NWAS has introduced a number of systems for reviewing patients who are waiting for a 999 response, to ensure they are as safe as possible whilst they are waiting and offer advice or, where required, upgrade the response category
- Mental Health ‘Huddles’ – working with Mental Health organisations, daily huddles are conducted where mental health services will review waiting 999 calls and where possible, signpost them to other services. This is set to be expanded in the next month or so, to enable mental health services to conduct more work within our EOC to provide a broader service to patients who have contacted 999 for mental health care
- Batch Diverting – NWAS and the Chief Operating Officer from Acutes have devised a diverting system, which can be enacted quickly and allows NWAS to divert three ambulances to a less pressured department.
- Delayed handover escalation – NWAS has developed procedures that NWAS clinicians can follow, which supports them to care for patients whilst they are waiting at emergency departments.
- Alternatives to the Emergency Department – NWAS and the GM NHS System has developed a number of pathways to deflect patients away from the emergency department, this is both via the telephone at the point of call and by attending crews when they arrive at the incident address. This means that during the reporting period, the outcome of 999 incidents in Greater Manchester was:
 - Closed via telephone – 11.8%

- Treated and Referred at Scene – 30.8%
- Conveyed by Ambulance to a non-Emergency Department destination 7.2%
- Conveyed to the emergency department – 50.2%
- A collaborative approach to reducing handover delays is underway in Greater Manchester, where systems and departments are working together to reduce waits. The main objective is the reduction of the extreme waits, where a patient waits over 60 minutes for handover. The number of patients waiting over 60 minutes for arrival to handover in Greater Manchester in September 2022 was 2594 – the aim is to reduce these occurrences by at least 50%.

3.10 A breakdown of the individual hospital performance against the handover metric is below:

Acute	AE Attends	Mean Arrival to Handover	Mean Handover to Clear	Mean Turnaround (Arr to Clr)	% Handovers Under 15 Mins	Lost Time Turnaround >30m (h)
Fairfield General	8,926	00:39:13	00:11:45	00:51:41	39.4 %	3793.88
Royal Bolton	12,016	00:40:28	00:10:00	00:51:38	31.7 %	5089.58
Royal Oldham	11,576	00:35:51	00:11:49	00:46:42	22.3 %	3702.43
Royal Albert Edward Infirmary	10,396	00:36:45	00:09:02	00:45:40	25.9 %	3369.09
Manchester Royal Infirmary	12,747	00:32:00	00:10:49	00:43:13	32.0 %	3577.73
Wythenshawe	11,821	00:32:11	00:11:00	00:43:09	31.6 %	3286.85
Stepping Hill	10,024	00:30:28	00:11:28	00:42:03	27.8 %	2517.28
North Manchester General	9,396	00:28:29	00:11:33	00:39:47	43.4 %	2237.57
Tameside General	10,424	00:25:57	00:12:28	00:38:47	37.1 %	2125.95
Salford Royal	12,767	00:17:23	00:11:06	00:29:08	60.9 %	1161.92
Total	110,093	00:31:38	00:11:01	00:42:58	35.6 %	30862.28

4. NWAS Winter Communications Plan

- 4.1 This winter, we and our health partners across the North West will face increased demand and pressures on our services. Our aim, through a strategic communications plan is to continue to reinforce that we at NWAS are here for our communities.

- 4.2 We aim to inform and educate our public on the use of our services and how they can best receive the medical care they need through a number of service routes. Within our winter communications plan, we also want to show our own awareness of the growing national cost of living crisis which can lead to further health inequalities and health concerns both physically and mentally, particularly during the winter months.
- 4.3 All of our messaging is being tested out and developed with our Patient and Public Panel.
- 4.4 Public facing campaigns:
- **Every Second Counts** - help illustrate the importance of our 999 and NHS 111 service, how both centres serve each other and ultimately serve our public.
 - **We are here for you this Winter** - We also want to demonstrate awareness of the additional strains communities may face this winter. Although ensuring a strong message is received on how to use our service.
- 4.5 In addition, we will:
- Link in with local health partners and ICBs to gain intelligence and share winter plans.
 - Work in partnership with ICB comms leads to produce a leaflet supporting winter health (more information in tactics section)
 - Integrate wellbeing and cost of living messages with all our communication channels
 - Supporting national and regional NHSE/I winter plans (Help us, help you)
 - Informing the public about how to make the right health care choices via a number of communications methods, including a targeted campaign and social media posts.

- Raising awareness of our role in tackling winter pressures amongst NHS organisations and key stakeholders through the publication of briefing documents such as our Stakeholder News and ‘Winter Watch’
- Supporting our staff, our volunteers and the public with health and wellbeing advice into 2023 via our NWAS Community Calendar
- Encouraging the public to help us help them by treating ambulance staff with respect and not abusing them (we are working with our national ambulance service communications colleagues to deliver a separate campaign to support this aim)
- Promoting dedicated awareness day; including alcohol, drugs, mental health, loneliness and other important winter related advice
- Promoting cultural celebrations and use this opportunity to engage and promote health/safety messages
- Engaging with partner agencies/community groups to share our messages to ensure maximum reach
- Ensuring all our publications and messages are inclusive and representative of all the communities we serve
- Using influential staff who have appeared in ‘Ambulance’ or other promotional activity.

4.6 Radio advertising Starting in November, we will go out to key radio station across areas the North West for a 2–3-week period, then repeat this process in two-week intervals in December and January.

- Manchester – Hits Radio
- Lancashire – Rock FM and Greatest Hits Lancashire
- Merseyside – Radio City
- Cumbria – Greatest Hits

4.7 Traditional materials (leaflets, posters)

Working with ICB partners, we hope to collaboratively produce a ‘Winter wise’ leaflet that incorporates staff and patient stories from NWAS. The leaflet will cover the following areas and messaging:

- **Stay connected** (mental health, isolation, culture, volunteering, culture, digital participation)
- **Stay active** (strength and balance, falls prevention, including how to get up from a fall)
- **Look after your home/stay warm** (energy efficiency/fire safety/warm spaces)
- **Get 'winter ready'** (food and medicines)
- **Get your jabs** - winter flu jab and covid jab

5. Patient & Public Panel

We have an established a Patient and Public Panel that give members of the public a voice and the chance to have their views acted upon. The panel is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations, and offers meaningful opportunities to influence improvements in our emergency, patient transport and 111 services.

In Greater Manchester, we have 80 members, out of an overall 230. Below are some examples of what they have assisted on:

- Supported the 111 first initiative
- Helped to improve patient communication with the pictorial communications handbook.
- Attend a dedicated focus group discussion run by NHS England to influence and
- shape the new eligibility criteria for the patient transport service.

6. Community Engagement

6.1 The trust recently held a community engagement event in Stretford, Manchester. 55 members of the public, NHS professionals, carers, patients, and healthcare champion came attended and the aim of the day was to:

- Engage and share and discuss with our GM communities how we effectively deliver our 999, NHS111 and PTS Services
- Understand what is important to people in the GM area by sharing views and experiences in a fun and interactive way through our tabletop activities

- Provide an opportunity to ask questions to our frontline staff and senior leaders.
- NWAS recently hosted a 'Join a community conversation with North West'. The event was a fun and interactive session supported by the North West Ambulance Service (NWAS) Deputy Chief Executive, Chairman, operational staff, service leads, positive action officers, communications and the patient engagement team. Over 55 Greater Manchester community group leads, patient group representatives and service users were in attendance including the Department of Work and Pensions, Manchester BME Network, Healthwatch Trafford, Healthwatch Stockport, Can Survive and many more. Some of the themes from feedback already identified included a lack of awareness of Ambulance services in certain communities, ambulance mental health support and meeting language needs.

6.2 We also attended a volunteer and Social Justices Fair recently at the University of Manchester, and a Freshers Fair at the University of Bolton, where we promoted volunteering opportunities in particular for young people with the NWAS Patient and Public Panel.

6.3 Further engagement with the GM communities also includes proactive patient surveys both PTS, and our Paramedic Emergency Services sent digitally via SMS to 1% users of these NWAS services. Similarly, we also share postal surveys with NHS 111 First and NHS 111 users respectively. Going forward we have provisionally scheduled to attend meeting with the Pakistani Resource Centre and Greater Manchester Older Peoples Network to discuss accessing NWAS services and opportunities to receive basic first aid CPR training.