

Paramedic Emergency Services, NHS 111, Patient Transport Services and Transformation under the Urgent and Emergency Care Review

Introduction

Blackpool CCG manages the Paramedic Emergency Services (PES), the NHS 111 Contract and the five Patient Transport Services (PTS) contracts held on behalf of the 33 CCGs in the North West, in its role as Coordinating Commissioner for Ambulance Services.

The presentation document attached at Appendix 8 (b) was developed to aid Members' understanding of the services commissioned by Blackpool CCG from NWS, receive assurance on the performance of NWS within Blackpool and some of the opportunities to deliver services differently as part of transformation and modernisation coming from the outputs of the Urgent and Emergency Care Review.

Paramedic Emergency Services (PES)

At the end of 2015-2016, total activity for the North West in the PES service was 1.4% over planned activity, with an extra 2.5% planned growth in year. In actual real terms this represented a year on year growth of 3.9% in total activity. Of concern, was the increase in year in Red activity which is Red 1 and Red 2 incidents (particularly in Red 2, which is the serious but not immediately life threatening incidents requiring urgent or rapid responses). Growth in Red incidents is of concern nationally with all ambulance trusts seeing growth in this activity. Red activity incidents are those deemed by operators to require urgent or rapid responses usually following 999 calls and sometimes 111 calls.

Green incidents (lower activity outside the Red eight minute response time target) at the year-end were under plan, or just under the expected 2.5% growth that was allowed for by Commissioners.

NWS did not achieve the Red 2 or All Reds (19 minute) performance targets at the end of 2015-2016, but did achieve the Red 1 target as additional activity responded to by the fire service was include in the year-end count.

Performance in the Blackpool area is consistently high due to the tight geography within which NWS respond.

Cumulative Mar-16	R1			R2			All Reds			Green		AS3		All Incidents	
	Mar-16			Mar-16			Mar-16			Mar-16		Mar-16		Mar-16	
	Activity	8 mins %	Variation %	Activity	8 mins %	Variation %	Activity	19 mins %	Variation %	All Green Activity	Variation %	All AS3 Activity	Variation %	Total Activity	Variation %
NHS Blackpool CCG	1,033	88.5%	(7.7%)	14,592	83.70%	5.3%	15,625	94.70%	4.3%	20,265	(4.2%)	148	25.4%	36,038	(0.6%)
Lancashire	6,166	71.5%	(7.7%)	96,351	69.00%	7.1%	102,517	91.10%	6.1%	141,568	(2.9%)	970	27.1%	245,055	0.8%
NWS	28,984	74.8%	(5.8%)	452,121	70.40%	8.0%	481,105	92.60%	7.1%	670,580	(2.1%)	11,603	(11.7%)	1,163,288	1.4%

Demand for PES services has continued in the first four months of 2016-2017, impacting on the performance of the Trust against the national Key Performance Indicators (KPIs) for R1, R2 and All Reds (19 minute). Commissioners allowed for 2.5% growth in the current year, but R2 demand is currently 11.3% over planned levels (13.8% year on year), and Green incidents are 5.5% over plan (8% year on year), whereas Green incidents were under plan at the end of 2015-2016.

From an NWSA perspective the Trust is not meeting any of the national targets for R1, R2 or All Reds (19 minute). From a Blackpool perspective the Trust is meeting the R1 and R2 targets.

Again, this must be set within the overall context of national performance. Despite the apparent deterioration in performance against the national targets, NWSA are the best performing trust nationally in relation to R1 incidents and the second best performing trust in relation to R2 incidents.

Cumulative Jul-16	R1			R2			All Reds			Green		AS3		All Incidents	
	Jul-16			Jul-16			Jul-16			Jul-16		Jul-16		Jul-16	
	R1		Variation	R2		Variation	All Reds		Variation	All Green	Variation	All AS3	Variation	Total	Variation
	Activity	8 mins %	%	Activity	8 mins %	%	Activity	19 mins %	%	Activity	%	Activity	%	Activity	%
NHS Blackpool CCG	344	84.50%	(9.8%)	5,188	77.55%	5.2%	5,532	91.83%	4.1%	6,850	(0.8%)	34	(38.6%)	12,416	1.1%
Lancashire	1,944	71.81%	(7.6%)	33,475	63.82%	8.4%	35,419	89.26%	7.4%	48,482	4.3%	580	94.5%	84,481	5.9%
NWSA	9,344	73.56%	(4.5%)	157,749	65.61%	11.3%	167,093	91.17%	10.3%	231,220	5.5%	3,670	(13.6%)	401,983	7.2%

Handover & Turnaround

Performance against the national targets is impacted by handover and turnaround issues at hospital. This has been of real concern with average handover and turnaround times now in the region of 35 minutes across the North West, compared with around 27 minutes at the same point in 2015-2016.

Blackpool Teaching Hospitals turnaround time is averaging just under 33 minutes, which although over the desired turnaround time, is more favourable than some hospital sites where average turnaround times have increased to over 40 minutes (Royal Preston, Southport and Ormskirk).

NHS Improvement, who support organisations to deliver better sustainable healthcare, is working with Commissioners, NWSA and Acute Trusts in responding to the challenges faced in improving flow through the hospitals and reducing ambulance resource delayed at hospital sites.

Avoiding Admission

NWSA have made significant improvements in the number of patients being managed without being taken to hospital. Commissioners have worked closely with NWSA to manage more patients through Hear and Treat (managing the patients without

dispatching a vehicle), or See and Treat (managing a patient at scene without onward conveyance to hospital).

Despite the increasing demand for services NWS have managed circa 46,000 patients through Hear and Treat (around 11% of activity), and 86,000 patients at scene without onward conveyance (around 21% of activity). NWS have conveyed around 67% of patients to hospital, which despite the additional growth in activity is less than the number of patients conveyed to hospital in 2015-2016 (69%).

NHS 111

The NHS 111 service, for non-emergency calls and advice, was re-procured in 2015 with the contract going 'live' from October 2015. Performance in the early part of 2016 has not been at the desired levels, but Commissioners have been working closely with the 111 service and an improvement plan was introduced with remedial actions to resolve the poor performance being seen. Since then, performance has improved and is being closely monitored.

July 2016 performance has shown deterioration with performance at 82.9% of calls being answered within 60 seconds but on a number of days in the month the 95% target was achieved. The volume of calls answered within the month was 140,160.

Performance at weekends remains the main challenge. Staff currently in training have been recruited specifically to work at weekends and evenings which will address this issue; a large number of new staff commenced in July 2016 with smaller training cohorts due to be completed during July 2016.

Weekly monitoring of delivery of the Remedial Action Plan continues by the NHS 111 Lead Commissioning Team with progress now reported to the North West Ambulance Service's Strategic Partnership Board and NHS England.

Performance against the headline key performance indicators for July 2016 was:

- 82.9% of calls were answered in 60 seconds (against a target of 95%), with abandoned calls increased to 3.8% for the month (against a target of less than 5%).
- 32.8% of calls requiring a clinician were "warm transferred" from the 111 operator to a clinician and 37.9% of call backs (for those calls requiring a clinician that were not warm transferred) were made within 10 minutes. This performance is consistent with previous months and although below the contract targets, nationally NHS 111 providers are achieving approximately 40% for these two KPIs.

August 2016 performance improved significantly when compared with July 2016 to a year high figure of 90.4% of calls being answered within 60 seconds. The volume of calls answered within the month was 127,402. Abandoned calls were at 1.8%, which is lower than July 2016 and well within the contract requirement of 5%.

Month to date performance at the point of writing (19 September 2016) shows 87.7% of calls are being answered within 60 seconds. Abandoned call rate has increased to 2.1%. Although this appears to be deterioration in performance, this is in line with the performance seen in August 2016 where performance improved in the second half of the month. Weekly monitoring of delivery of the Remedial Action Plan continues.

Patient Transport Services (PTS)

The five non-emergency Patient Transport Services contracts were re-procured in 2015-2016 for services to commence on 1 July 2016. NWAS have retained the contracts for Lancashire, Cumbria and Merseyside. NWAS won the tender for the Greater Manchester contract which was previously awarded to Arriva Transport Solutions Limited. The tender for Cheshire and Merseyside was awarded to West Midlands Ambulance Service.

The new contracts are based on three separate specifications to provide clarity around the three service elements for Planned, Unplanned and Enhanced Priority Services (EPS). The Planned element of PTS is typified by routine outpatient appointments, the Unplanned element relates to discharging patients and short notice journeys and the EPS element is to deliver services for patients receiving renal and oncology treatment.

There are three different sets of KPIs for PTS; one for each specification. The KPIs but largely relate to ensuring that patients receive a good experience of the service. Consequently, the KPIs focus on how quickly calls are answered, ensuring that patients are delivered in time for their appointments and that they are collected after their appointments in a reasonable timeframe. There are more stringent KPIs for the EPS specification recognising that these patients rely on the service more than most for frequent treatment.

Performance reports at the time of writing are only available for July 2016 but these are showing good performance across the Lancashire, Mersey and Cumbria contracts, and improving performance against the Greater Manchester contract, following the transition from Arriva to NWAS.

Integrated Urgent Care

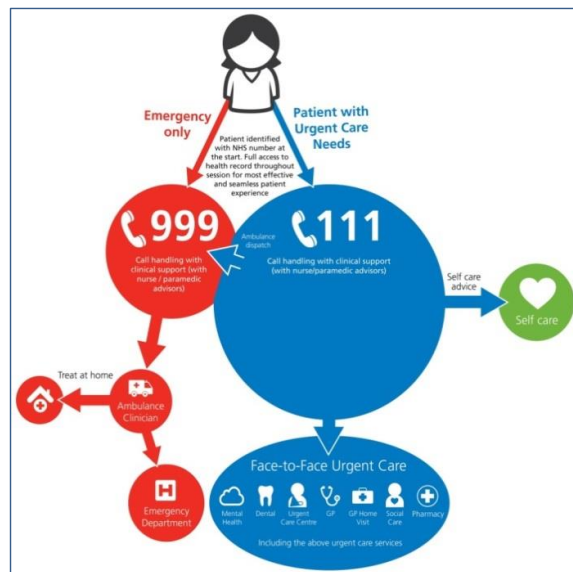
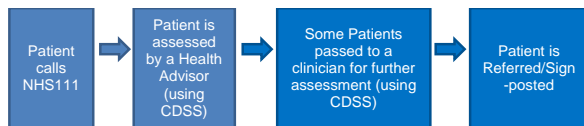
A significant amount of work has been taking place over the course of the last 12 to 18 months around how Commissioners can work with NWAS to modernise and transform the service, based on the outputs of the national Keogh Urgent and Emergency Care Review (which was led by NHS England's Medical Director, Bruce Keogh). Commissioning

Intentions were drafted setting out the direction of travel and have been updated to reflect the more recent work following the Urgent Care Stocktake. NHS England have published documents at the end of 2015 around new models of care for ambulance services and payment regimes supporting the new models.

The Integrated Urgent Care Commissioning Standards describe a central objective around the development of a clinical hub. In the North West, there is a significant amount of on-going work around the development of an Integrated Virtual Clinical Hub. Several pilot schemes have already been run looking at directly booking patients into slots with Out-of-Hours (OOH) Providers and there is substantial discussion and piloting of the early transfer appropriate dispositions coming through NHS 111 into the OOH providers for further enhanced clinical triage, with the aim of avoiding unnecessary admission to hospital.

Work is on-going around how the hub can be developed at the local and North West level, and how the urgent and emergency care pathways can be more fully integrated.

Current Patient Journey



Proposed Patient Journey

