Great Western Ambulance Service NHS

NHS Trust

UPDATE FOR B&NES COUNCIL WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL – 7 OCTOBER, 2011

Background

The way ambulance services are assessed has changed in recent months. Before April this year, speed of response was the only way their performance was measured.

While this ensured a significant concentration of effort and resources in reaching patients quickly after they dialled 999, it failed to take into account the increasing range of services and clinical skills ambulance staff now provide.

Therefore, since April, a range of ambulance quality indicators (AQIs) provide a fuller insight into the work of a modern ambulance service, giving a more comprehensive picture of how individual trusts are performing.

That said, speed of response is still an important factor in reaching those patients calling 999 with an immediately life-threatening incident – and time to respond to these calls therefore remains as one of the AQIs.

The AQIs are made up of two sets of data – one measuring clinical performance and outcomes for particular types of clinical emergencies, the other measuring how ambulance trusts provide the service to their patients.

The clinical outcome measures are:

- Cardiac arrest – the number of patients having a return of spontaneous circulation (ROSC) on arrival at hospital, and those who survive and are subsequently discharged from hospital;
- STEMI (ST-Elevation Myocardial Infarction – a particular type of heart attack) – the proportion of patients receiving the appropriate care 'bundle' by ambulance clinicians as well as those taken to the appropriate specialist centre for further treatment;
- Stroke - the proportion of patients receiving the appropriate care 'bundle' by ambulance clinicians as well as those taken for further treatment.

System indicators measure:

- Speed of response to Red 999 calls (previously called Category A – immediately life-threatening emergencies);
- Timeliness – how quickly 999 calls are answered and the time for patients to receive treatment;

- The number of 999 calls abandoned;
- The number of patients being treated without the need to go to a hospital A&E department (over the phone, by ambulance clinician on scene or by being taken to somewhere other than A&E);
- The number of those patients who re-contact the 999 service within 24 hours;
- The number of emergency patient journeys;
- The number of patients calling 999 for whom there is a frequent caller procedure in place.

What the new performance measures show

Great Western Ambulance Service (GWAS), along with all other ambulance services in England, is now publishing this performance data monthly on its website in the form of a clinical dashboard. Information that forms the system indicators outlined above is available from within GWAS on an ongoing basis, so can be published sooner (ie the latest July data went live towards the end of August). The information that makes up the clinical indicators takes longer to compile and collate, due in part because some of the indicators measure patient survival up to discharge from hospital, which could be several weeks/months after the ambulance service involvement. Therefore, these areas of the dashboard will always run several months behind the system indicators (ie data that went live at the end of August was for April).

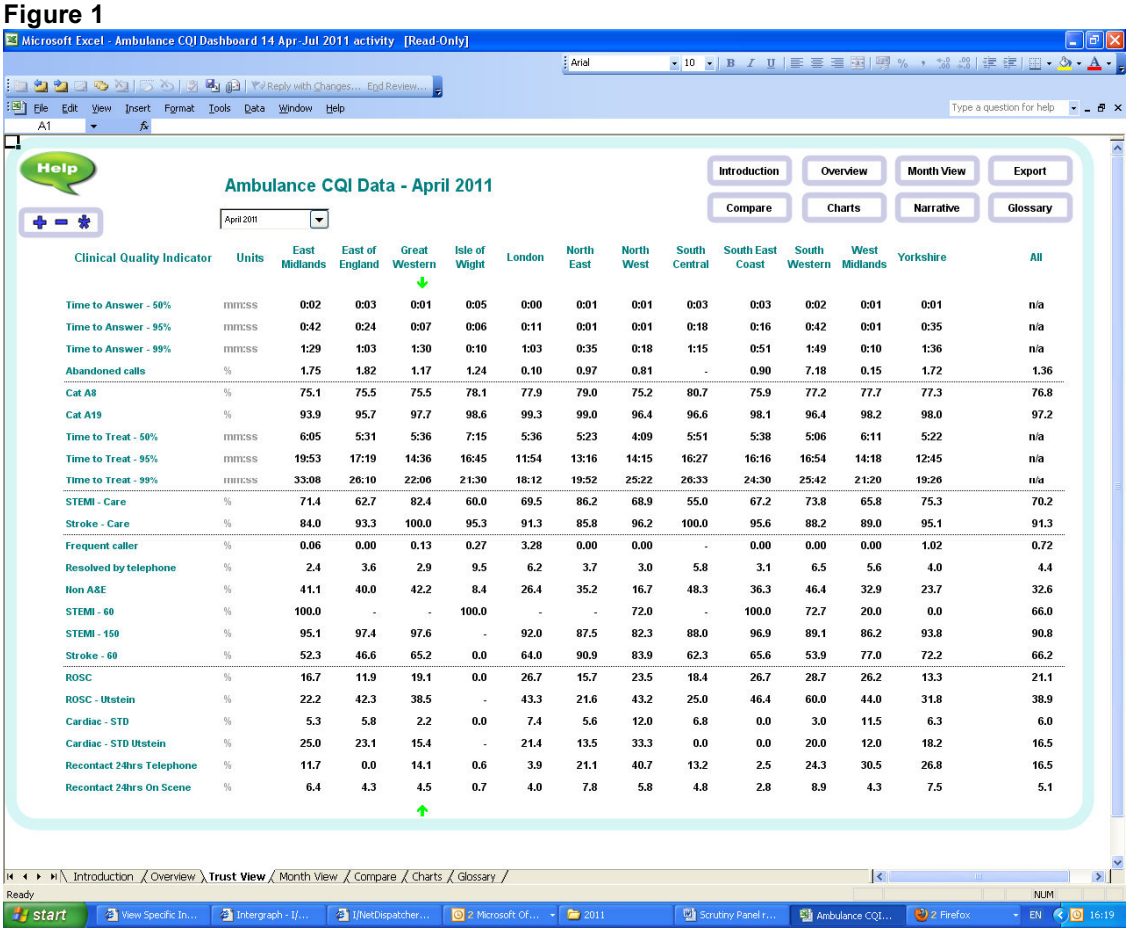
Members wishing to look at the information on an ongoing basis can go to…

http://www.gwas.nhs.uk/What%20We%20Do/How-we-are-doing.htm

…from where they will be able to access the details in a variety of ways. However, the following tables/charts from the latest available dashboard are included to provide members with an indication of how the information is presented and what it is showing.

Figure 1 (below) compares performance for all ambulance services across the whole range of indicators for the first month (April) for which they are all available.

Figure 1



Clinical Quality Indicator	Units	East Midlands	East of England	Great Western	Isle of Wight	London	North East	North West	South Central	South East Coast	South Western	West Midlands	Yorkshire	All
Time to Answer - 50%	mm:ss	0:02	0:03	0:01	0:05	0:00	0:01	0:01	0:03	0:03	0:02	0:01	0:01	n/a
Time to Answer - 95%	mm:ss	0:42	0:24	0:07	0:06	0:11	0:01	0:01	0:18	0:16	0:42	0:01	0:35	n/a
Time to Answer - 99%	mm:ss	1:29	1:03	1:30	0:10	1:03	0:35	0:18	1:15	0:51	1:49	0:10	1:36	n/a
Abandoned calls	%	1.75	1.82	1.17	1.24	0.10	0.97	0.81	-	0.90	7.18	0.15	1.72	1.36
Cat A8	%	75.1	75.5	75.5	78.1	77.9	79.0	75.2	80.7	75.9	77.2	77.7	77.3	76.8
Cat A19	%	93.9	95.7	97.7	98.6	99.3	99.0	96.4	96.6	98.1	96.4	98.2	98.0	97.2
Time to Treat - 50%	mm:ss	6:05	5:31	5:36	7:15	5:36	5:23	4:09	5:51	5:38	5:06	6:11	5:22	n/a
Time to Treat - 95%	mm:ss	19:53	17:19	14:36	16:45	11:54	13:16	14:15	16:27	16:16	16:54	14:18	12:45	n/a
Time to Treat - 99%	mm:ss	33:08	26:10	22:06	21:30	18:12	19:52	25:22	26:33	24:30	25:42	21:20	19:26	n/a
STEMI - Care	%	71.4	62.7	82.4	60.0	69.5	86.2	68.9	55.0	67.2	73.8	65.8	75.3	70.2
Stroke - Care	%	84.0	93.3	100.0	95.3	91.3	85.8	96.2	100.0	95.6	88.2	89.0	95.1	91.3
Frequent caller	%	0.06	0.00	0.13	0.27	3.28	0.00	0.00	-	0.00	0.00	0.00	1.02	0.72
Resolved by telephone	%	2.4	3.6	2.9	9.5	6.2	3.7	3.0	5.8	3.1	6.5	5.6	4.0	4.4
Non A&E	%	41.1	40.0	42.2	8.4	26.4	35.2	16.7	48.3	36.3	46.4	32.9	23.7	32.6
STEMI - 60	%	100.0	-	-	100.0	-	-	72.0	-	100.0	72.7	20.0	0.0	66.0
STEMI - 150	%	95.1	97.4	97.6	-	92.0	87.5	82.3	88.0	96.9	89.1	86.2	93.8	90.8
Stroke - 60	%	52.3	46.6	65.2	0.0	64.0	90.9	83.9	62.3	65.6	53.9	77.0	72.2	66.2
ROSC	%	16.7	11.9	19.1	0.0	26.7	15.7	23.5	18.4	26.7	28.7	26.2	13.3	21.1
ROSC - Utstein	%	22.2	42.3	38.5	-	43.3	21.6	43.2	25.0	46.4	60.0	44.0	31.8	38.9
Cardiac - STD	%	5.3	5.8	2.2	0.0	7.4	5.6	12.0	6.8	0.0	3.0	11.5	6.3	6.0
Cardiac - STD Utstein	%	25.0	23.1	15.4	-	21.4	13.5	33.3	0.0	0.0	20.0	12.0	18.2	16.5
Recontact 24hrs Telephone	%	11.7	0.0	14.1	0.6	3.9	21.1	40.7	13.2	2.5	24.3	30.5	26.8	16.5
Recontact 24hrs On Scene	%	6.4	4.3	4.5	0.7	4.0	7.8	5.8	4.8	2.8	8.9	4.3	7.5	5.1

It is encouraging to see GWAS is among the best performers (1st or 2nd) in several instances – for example in terms of the care given by our clinical crews when attending patients suffering a STEMI (82.4% - second best in the country) or a stroke (100% - joint best in the country). Also, for those patients suffering a STEMI, the 'gold standard' treatment now provided aims to ensure these patients undergo primary angioplasty at a specialist heart unit within 150 minutes of the initial 999 call – again, GWAS was the best performing ambulance service in April, achieving this for 97.6% of patients (albeit part of this measure will include a significant input from the receiving hospital).

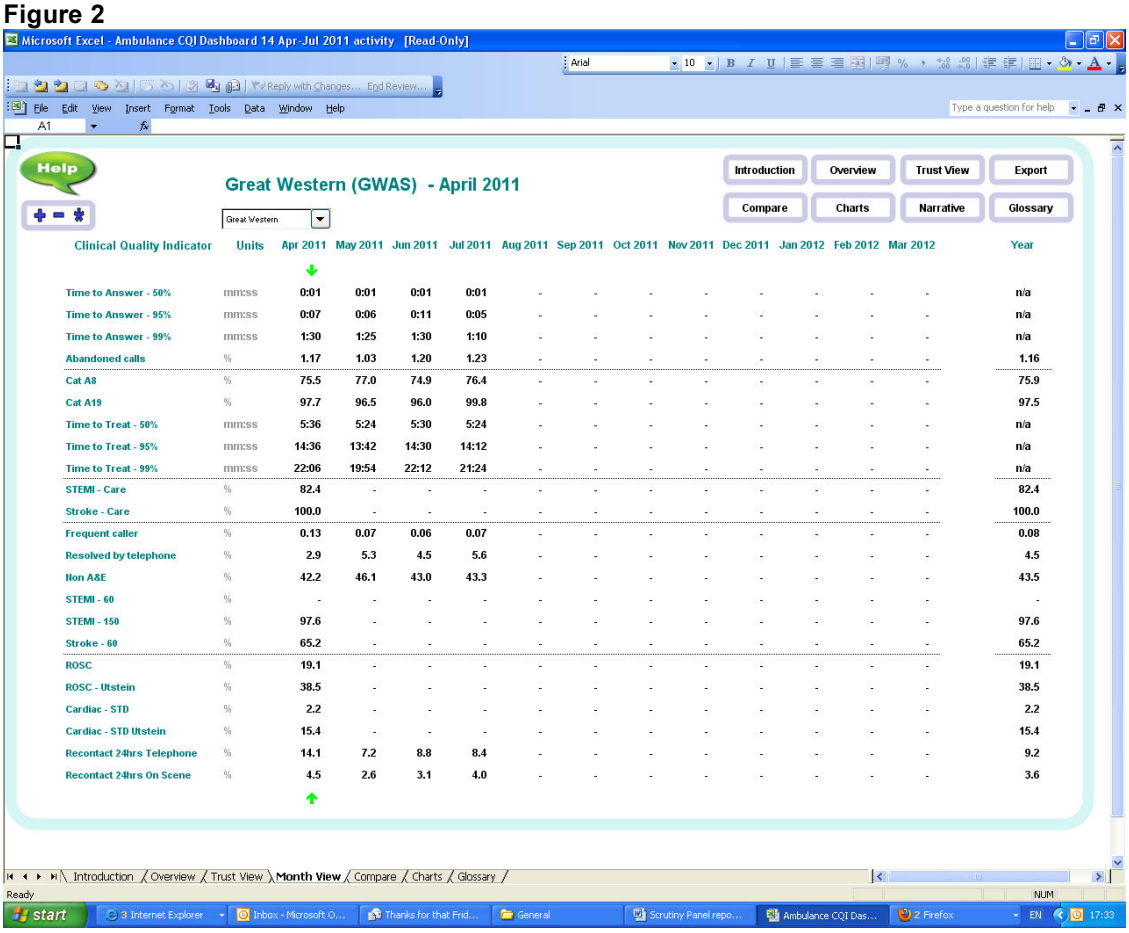
However, there are a couple of important 'health warnings' on this first set of clinical indicators:

- The ongoing value of them in terms of how ambulance services are improving the care they provide for patients will only start to emerge once there are several months' worth of data to compare;
- For some of the indicators – in particular the ROSC and cardiac arrest survival to discharge – the total number of cases is very low, so one or two cases can have a significant impact on the reported percentages.

Another important consideration to consider is that the majority of all the indicators (clinical as well as system) are not 'targets' in that there is no hit-or-miss threshold – the only exceptions being the 8-minute and 19-minute response standards to Red (Category A) 999 calls.

Figure 2 (below) provides a month-by-month indication of GWAS performance for system indicators from April-July.

Figure 2

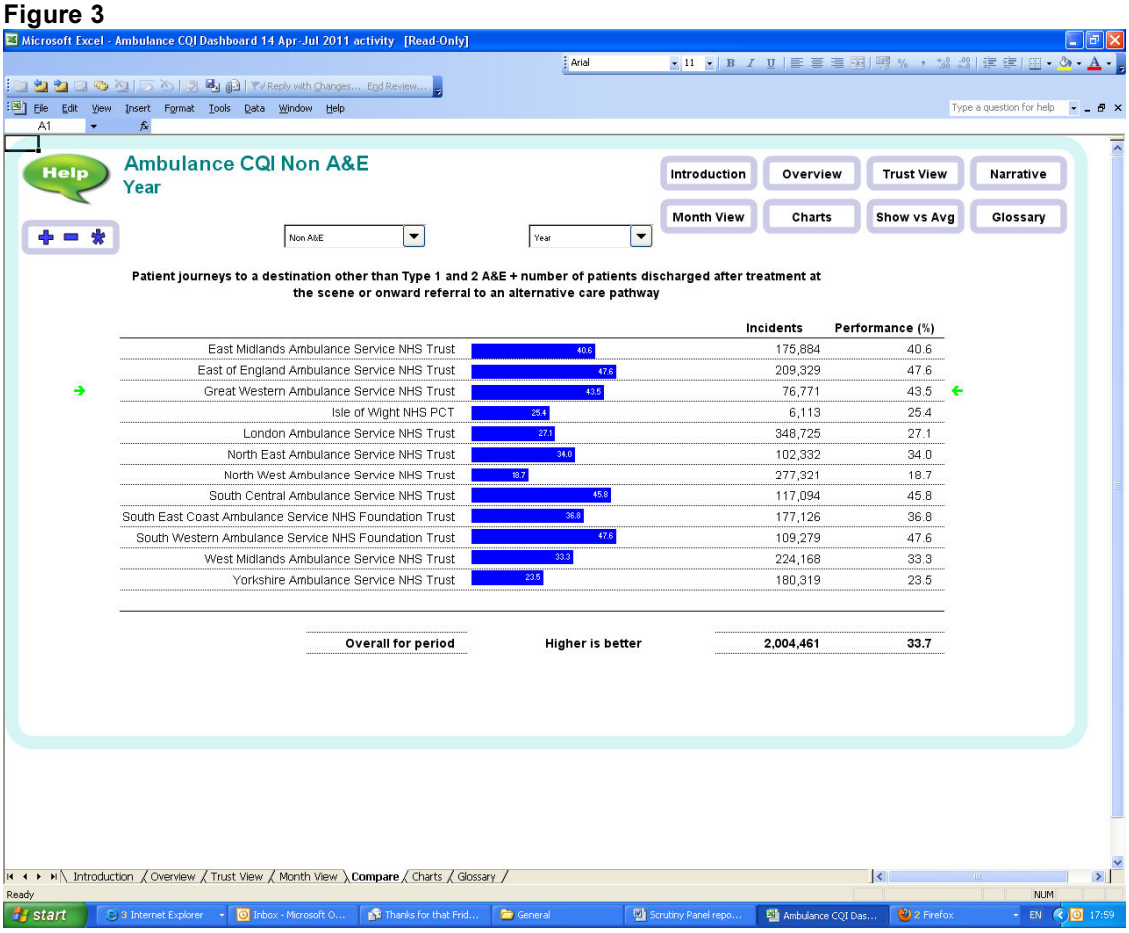


Clinical Quality Indicator	Units	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Year
Time to Answer - 50%	mm:ss	0:01	0:01	0:01	0:01	-	-	-	-	-	-	-	-	n/a
Time to Answer - 95%	mm:ss	0:07	0:06	0:11	0:05	-	-	-	-	-	-	-	-	n/a
Time to Answer - 99%	mm:ss	1:30	1:25	1:30	1:10	-	-	-	-	-	-	-	-	n/a
Abandoned calls	%	1.17	1.03	1.20	1.23	-	-	-	-	-	-	-	-	1.16
Cat A8	%	75.5	77.0	74.9	76.4	-	-	-	-	-	-	-	-	75.9
Cat A19	%	97.7	96.5	96.0	99.8	-	-	-	-	-	-	-	-	97.5
Time to Treat - 50%	mm:ss	5:36	5:24	5:30	5:24	-	-	-	-	-	-	-	-	n/a
Time to Treat - 95%	mm:ss	14:36	13:42	14:30	14:12	-	-	-	-	-	-	-	-	n/a
Time to Treat - 99%	mm:ss	22:06	19:54	22:12	21:24	-	-	-	-	-	-	-	-	n/a
STEMI - Care	%	82.4	-	-	-	-	-	-	-	-	-	-	-	82.4
Stroke - Care	%	100.0	-	-	-	-	-	-	-	-	-	-	-	100.0
Frequent caller	%	0.13	0.07	0.06	0.07	-	-	-	-	-	-	-	-	0.08
Resolved by telephone	%	2.9	5.3	4.5	5.6	-	-	-	-	-	-	-	-	4.5
Non A&E	%	42.2	46.1	43.0	43.3	-	-	-	-	-	-	-	-	43.5
STEMI - 60	%	-	-	-	-	-	-	-	-	-	-	-	-	-
STEMI - 150	%	97.6	-	-	-	-	-	-	-	-	-	-	-	97.6
Stroke - 60	%	65.2	-	-	-	-	-	-	-	-	-	-	-	65.2
ROSC	%	19.1	-	-	-	-	-	-	-	-	-	-	-	19.1
ROSC - Utstein	%	38.5	-	-	-	-	-	-	-	-	-	-	-	38.5
Cardiac - STD	%	2.2	-	-	-	-	-	-	-	-	-	-	-	2.2
Cardiac - STD Utstein	%	15.4	-	-	-	-	-	-	-	-	-	-	-	15.4
Recontact 24hrs Telephone	%	14.1	7.2	8.8	8.4	-	-	-	-	-	-	-	-	9.2
Recontact 24hrs On Scene	%	4.5	2.6	3.1	4.0	-	-	-	-	-	-	-	-	3.6

The next two tables are linked in that the first (Figure 3) shows how well ambulance services are identifying those patients who can be treated without the need to be transported to an acute hospital emergency department (ED). EDs are traditionally one of the most expensive routes into the healthcare system, so identifying those patients who can be treated elsewhere – on scene by an ambulance clinician, or taken to a more appropriate location (eg a minor injuries unit or direct to a specialist hospital department) – is an important measure in ensuring ambulance services are contributing to a more cost-effective health service.

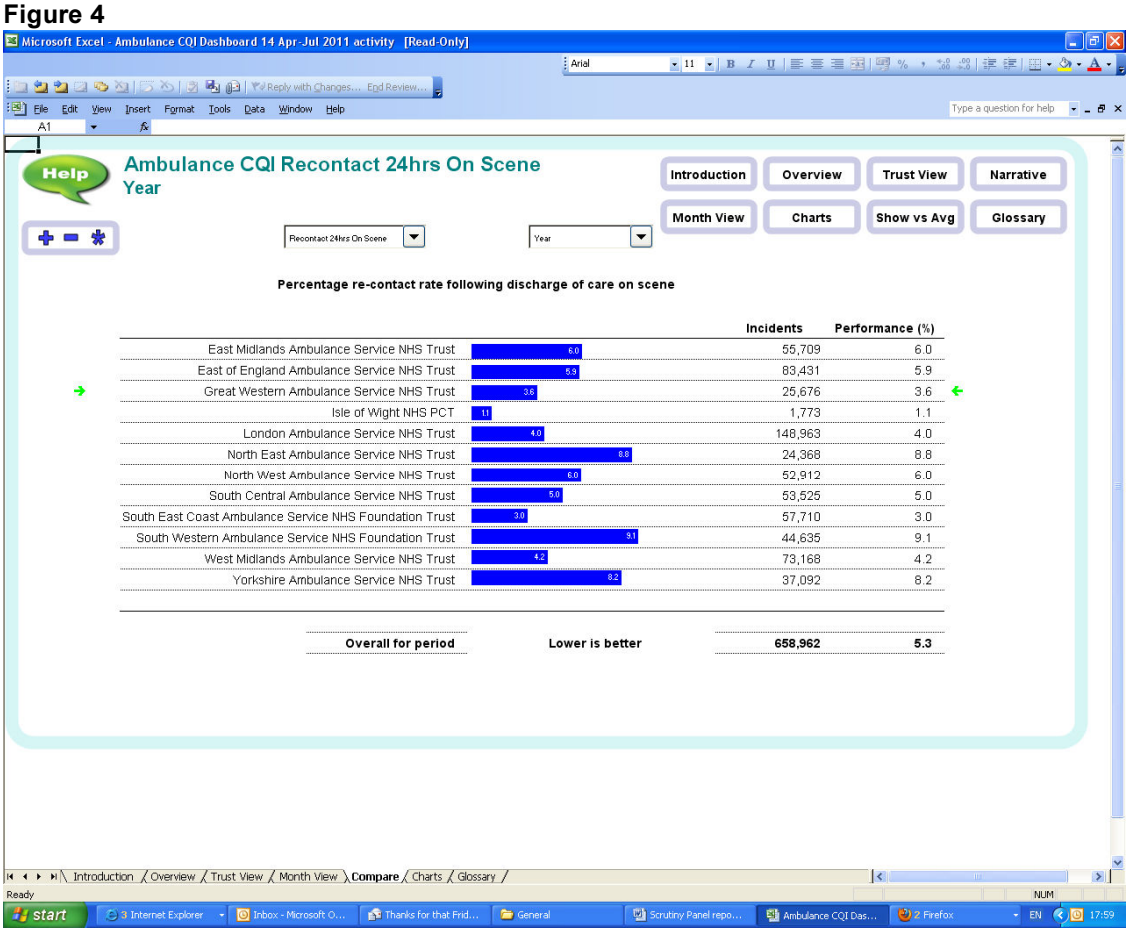
The specific data in Figure 3 shows that for the year-to-date (April-July), GWAS has been able to treat or convey 43.5% of patients without the need to take them to an ED – the third best performance.

Figure 3



Clearly the benefit – in terms of both value-for-money and patient care – of not taking those patients to an ED is undermined if they quickly come back to the healthcare system via the 999 service. Therefore Figure 4 (below) reports on the proportion of those patients who phoned 999 again within 24 hours of their first contact. Again, GWAS is among the best performers in the country with just 3.6% of those patients recontacting the 999 service. In other words, trust staff – clinicians on scene with patients and those who operate the clinical desk in our control room to provide advice on alternative destinations – are making appropriate decisions on which patients are suitable to be treated without the need to go to an ED.

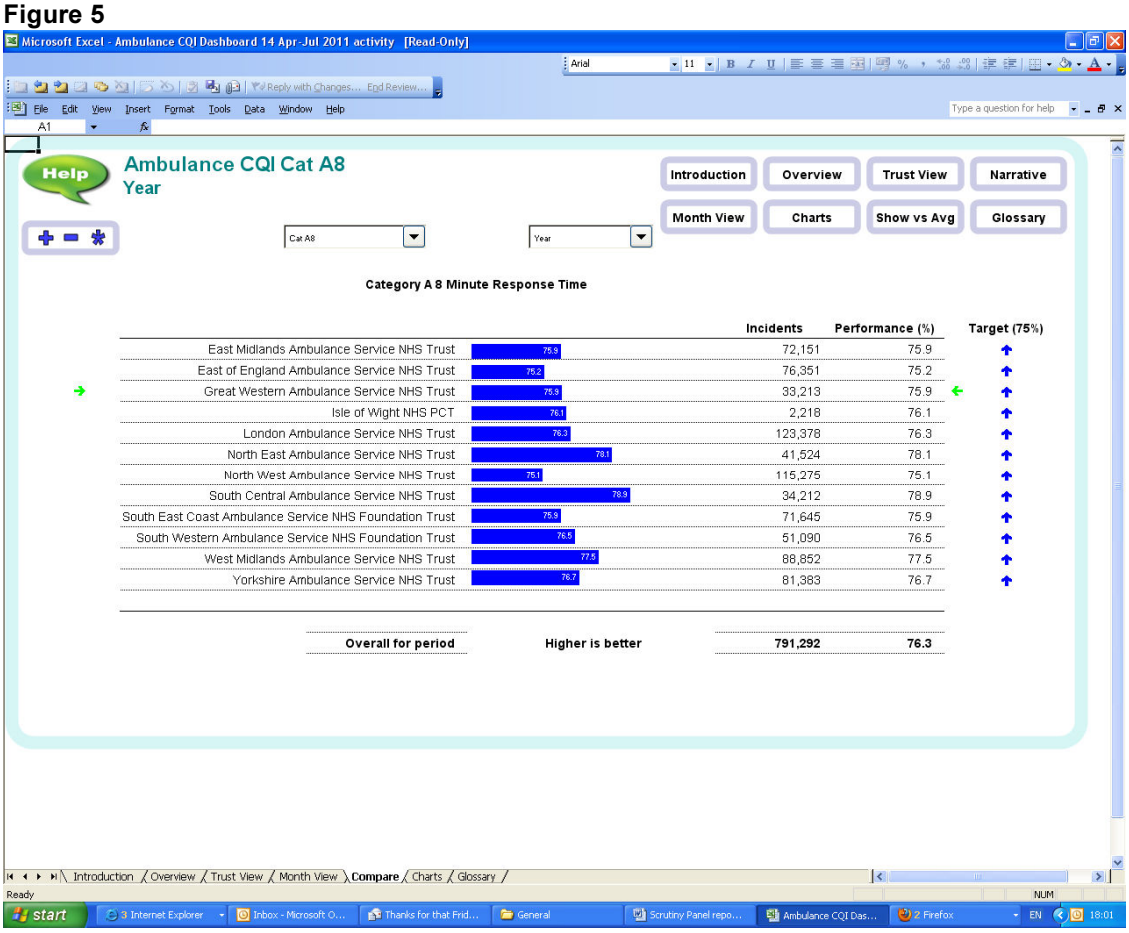
Figure 4



The final set of example tables shows the speed of response to immediately life-threatening 999 incidents. As previously mentioned, these are the only performance measures where there is a specific threshold ambulance trusts are expected to meet.

Figure 5 (below) shows ambulance service year-to-date (April-July) performance in terms of reaching patients within 8 minutes of the 999 call hitting the switchboard. The threshold of 75% is for each ambulance trust as a whole – and GWAS is currently achieving 75.9%. This initial response could be in the form of a paramedic or emergency care practitioner in a rapid-response vehicle, a double-crewed ambulance, a community first responder or fire service co-responder or a trained first-aider with a defibrillator.

Figure 5

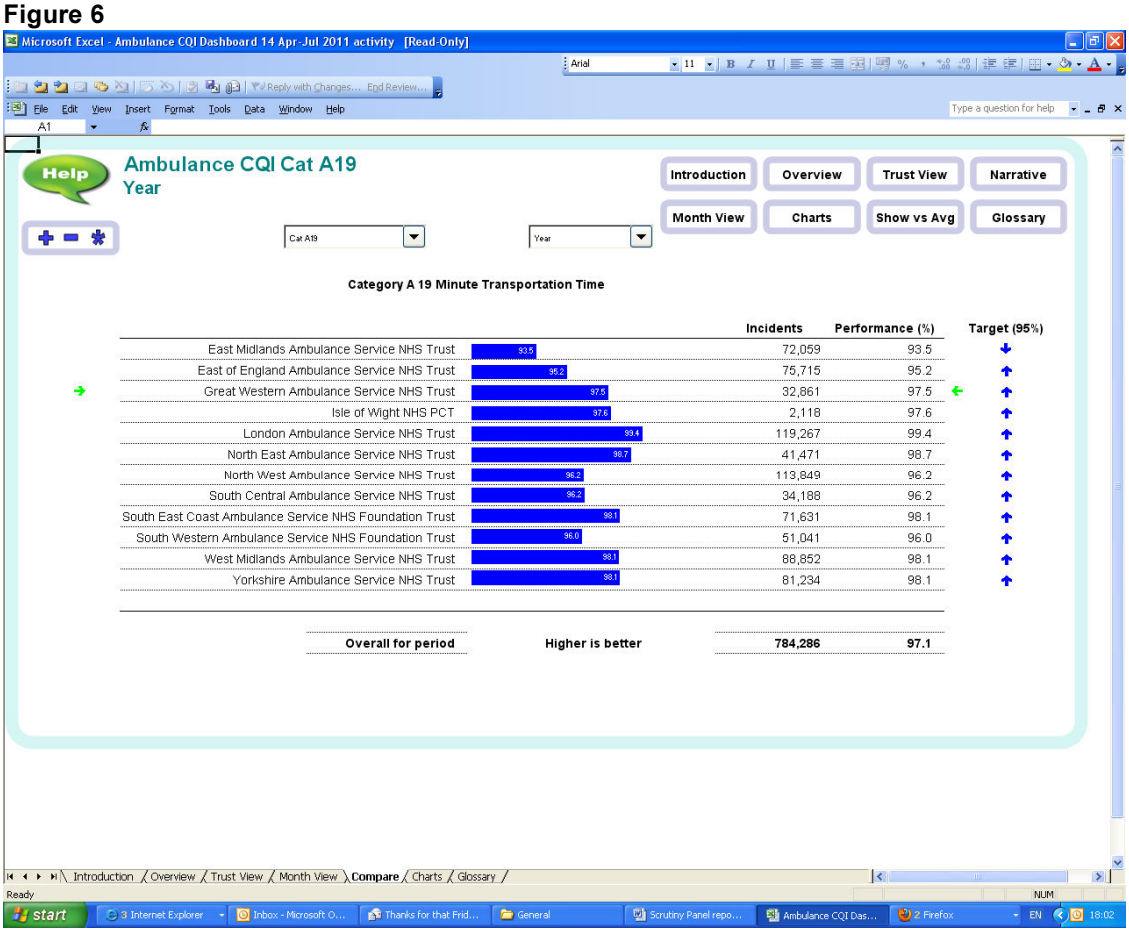


The data in Figure 6 (below) measures the secondary Red call threshold of ensuring an ambulance response capable of transporting a patient is on scene within 19 minutes of the 999 call on 95% of occasions – this will generally be a double-crewed ambulance or perhaps an air ambulance.

GWAS performance to date on this threshold is 97.5%.

While it is clearly encouraging that the trust is delivering on these specific thresholds – and as-yet unpublished data for August has further improved the year-to-date position, we are aware that it is important to ensure performance is in a strong position going into winter. The trust is again well-advanced on its preparations for severe weather – and these focus on ensuring we continue to deliver a safe and effective 999 service to all patients. That said, speed of response inevitably suffers during these periods – due to the longer call cycle of responding to and treating patients often suffering more acute conditions as a result of cold weather (typically breathing difficulties, chest pains, heart problems), while the physical act of driving a five-tonne ambulance at emergency speeds is clearly compromised by ice and snow on roads.

Figure 6



The local perspective

As mentioned previously, all the performance measures in the new clinical dashboard are applied to GWAS as a whole. Indeed, as also mentioned, several of these would not be statistically meaningful to be broken down into smaller areas due to the small numbers involved.

However, GWAS understands the desire of local communities and scrutiny panels to have an understanding of how we are delivering the emergency medical service in their areas. To that end, the following data represents a BANES-specific snapshot of some of the performance measures.

For the year-to-date, GWAS has responded to 2,767 Red (immediately life-threatening) 999 calls. Of these, there was a clinical presence on scene within 8 minutes on 76.5% of occasions, with the secondary 19-minute threshold being 95.5%.

The total number of 999 incidents GWAS has responded to within BANES so far this financial year is 7,759. Of these, 3,081 (39.7%) were treated without the need to transport patients to an ED. A further breakdown shows that 163 were assessed and treated over the phone - known as hear-and-treat – after the 999

call was transferred to either a clinician within the GWAS control room to assess or to NHS Direct. A further 2,186 patients were assessed and treated on scene by the attending GWAS clinician, with 738 other patients taken to a destination other than the ED.

The wider perspective

Panel members are no doubt aware of the GWAS announcement towards the end of August that the trust is seeking a partnership arrangement rather than looking to become a foundation trust in its own right. This was the decision of the trust Board which came to the conclusion that the size of the trust, and its previous financial and operational performance history, made it clear that attaining FT status on its own was not achievable.

Since then, South Western Ambulance Service – already a foundation trust – has publicly expressed its interest in seeking a partnership arrangement and discussions between the two trusts, along with the SHA, have continued throughout September. It is hoped we will be able to provide a verbal update at the scrutiny panel meeting.

Conclusion/recommendation

Members are invited to note the contents of this report, while representatives from GWAS will be present at the scrutiny panel meeting to address any issues they wish to raise.