South Central Ambulance Service NHS
NHS Foundation Trust

Report to West Oxfordshire District Council Economic and Social Overview and Scrutiny Committee

September 2016

Background

South Central Ambulance Service NHS Foundation Trust (SCAS) is contracted for 2016/17 to provide the Accident and Emergency (A&E) ambulance service to the Thames Valley, Milton Keynes and Hampshire regions, the Patient Transport Service (PTS) to the Thames Valley, Milton Keynes and Hampshire regions and the NHS 111 services to the Thames Valley, Bedfordshire and Hampshire regions. SCAS also provides the First Aid Unit at Chipping Norton Community Hospital. We are mobilising a new contract for 2017/18 to provide the PTS service to Surrey.

1,032,635 calls to 111

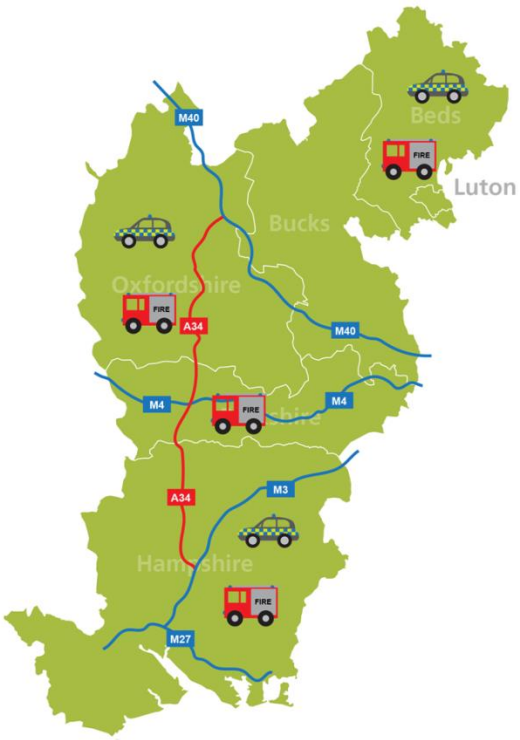
540,387 calls to 999

450,577 PTS journeys

The A&E, PTS and NHS 111 services within Oxfordshire are provided via the Thames Valley contracts which are commissioned by North and West Reading Clinical Commissioning Group (CCG) on behalf of the commissioning groups in Oxfordshire, Berkshire, Buckinghamshire and Milton Keynes.

- 3,000 staff [400 NHS 111 staff]
- 1,000 CFRs and volunteers
- 83 Volunteer car drivers
- 40 Sites
- 489 vehicles
- Population 4.6 million
- 7 RAF bases
- 7 prisons
- Atomic Weapons Establishment
- VIPs: David Cameron - Witney
  Theresa May - Sonning
  Chequers
- 1 secure hospital

SCAS is a single fully integrated organisation working in a complex setting. Some of the partners we work with are shown below.



- 12 Acute sites
- 2 Major Trauma Centres
- 7 Specialist SItes
- 6 Mental health trusts
- 836 GP Surgeries
- 568 Dental practices
- 380 Opticians branches
- 791 Pharmacies
- 21 CCGs
- 31 Local Authorities
- 45 MPs
- 13,500 FT members

999 Performance Measurements

The current A&E contract with SCAS for 2016/17 has been agreed Thames Valley wide (including Oxfordshire, Buckinghamshire, Berkshire and Milton Keynes). This is the area defined for the purposes of performance management and is measured on an annual basis in accordance with the national NHS contract. Performance measures are commissioned and reviewed at Thames Valley contract level. The most commonly known performance measures are the Red 1, Red 2 and Red 19 performance measures.

The Red 1 performance measure is responding to 75% of all immediately life-threatening (RED 1 categorised) calls within 8 minutes from the time the call is connected to the ambulance service. To achieve this measure a defibrillator must be with the patient and someone must be there who is trained to use this within 8 minutes.

The Red 2 performance measure is responding to 75% of all other life-threatening (RED 2 categorised) calls within 8 minutes. Since October 2015, SCAS is participating in the Ambulance Response Programme (ARP) and this affects the clock start time for this category of call. The clock now starts for this performance measure at the earliest of:

a) First physical resource assigned
b) Disposition reached / call coded (i.e. calls transferred from 111, clock starts the moment they hit the switch)
c) 240 seconds from call connect (pre ARP this was 60 seconds)

Similar to achieving the red 1 measure a defibrillator must be with the patient and someone must be there who is trained to use this within 8 minutes.

The Red 19 performance measure is responding a transporting ambulance to all life-threatening calls (RED 1 and RED 2 categorised) calls within 19 minutes. The clock start of this measure is the same as the clock start for the category of call, e.g. Red 1 at call connect. To achieve this measure a vehicle is required to be on scene that can clinically safely transport the patient to hospital or other appropriate location, it does not have to be the actual vehicle used. Under national definition, this could be a rapid response vehicle or ambulance. For SCAS this is defined as a vehicle that can be driven under blue light conditions and has at minimum a Duel Emergency Care Assistants (ECA) or single Ambulance Technician skill set.

In the majority of cases the Red 8 minute and 19 minute performance measures will be stopped by the same resource. The exceptions for those that can only achieve Red 1 and Red 2 performance measures (provided they have the Defibrillator) are the majority of indirect resources (including Community First Responders and Co-Responders), motorbikes and single crewed ECA vehicles, Health Care Professional (HCP) Wheel Chair Accessible Vehicles (WAC) and Ambulance Care Assistant (ACA) crewed vehicles.

Ambulance Quality and Clinical Indicators Changes

NHS England has recently updated the Ambulance Quality and Clinical Indicators (AQIs) which provide guidance to ambulance trusts on how to record and report performance. They came into effect on 5 January 2016. This will affect any comparisons of performance to previous dates. Summarised below are the changes that will affect SCAS.

- The new AQIs make clear that the clock should start for calls transferred from 111 when the call presents to the 999 despatch system (CAD). This is current practice in SCAS for Red 1 calls however for Red 2; we used to start the clock, in line with other

Red 2s. As a result of this change, the despatcher will no longer receive any advance warning of the call.

- The updated guidance makes it clear we cannot re-triage Red calls passed from 111. Within SCAS the number of Red 1 calls from 111 that we re-triage is minimal but we used to re-triage a larger number of Red 2 calls from 111.
- The updated guidance makes it clear we cannot re-triage Red 1 calls originating from 999 (Red 2 calls are not included in the prohibition). We currently re-triage some Red 1 calls.
- The updated guidance is now more detailed about the use of defibrillators (AEDs). Under the new rules, AEDs need to be confirmed as being at the patient's side (as opposed to previously "on scene") before the clock can be stopped at both Public Access sites (PADs) and Community Public Access sites (CPADs). (The difference between a PAD and a CPAD is that a CPAD site is fully open to the public whereas a PAD site is restricted to, say, a shop, nursing home or factory.) The impact of this rule is potentially serious for some trusts. However, SCAS already effectively applying the new rule for CPAD sites.
- The AQI update provides more guidance with regards to reporting on subsequent calls with a different priority from the original call. The guidance states that if a subsequent call is received from a patient, and that subsequent call is re-triaged to a different category from the original, the clock should restart from the time of the new call.

The potential impact from these changes is a drop of 1-2% in SCAS performance for Red 1 and 2 calls. SCAS has implemented these changes and adapted our processes to ensure the best possible response for your patients in line with these new requirements.

Ambulance Response Programme

The second phase of a national NHS trial to assess whether changes to dispatching ambulances to 999 calls would improve the chances of survival for patients with the most serious conditions was implemented across SCAS in October 2015.

SCAS joined the trial after the initial results from an early pilot undertaken by South Western Ambulance Service (SWAST) have demonstrated improvements in service responses and clinical outcomes for patients. This was expanded to include more ambulance services from across the country.

The skills of ambulance crews and the clinical condition of patients who dial 999 have changed significantly over the years, but the way in which ambulance performance is measured nationally has not altered to reflect this change.

Previously all ambulance trusts are required to reach 75% of patients who are assessed with potentially life-threatening symptoms and categorised as "Red2" within an eight minute response window. For us to achieve this, emergency dispatchers frequently have to allocate more than one vehicle to 999 calls before our emergency call-takers have determined the exact nature of the problem.

Clinical evidence demonstrates that approximately only 10% of 999 calls are genuinely life threatening, however, ambulance control rooms currently categorise around 40% of calls as such, partly because emergency call takers only have 60 seconds to gather the information they need before an ambulance vehicle must be allocated to achieve previous targets.

When multiple emergency resources are dispatched to a single incident, there are fewer available for patients who are really in need of emergency clinical assistance.

During the pilot ambulances will continue to be dispatched immediately to the most serious 'Red 1' calls, where a patient is known to be in or at risk of cardiac arrest. However, 999 emergency call takers will have extra assessment time of up to seconds for all other 999 calls to make the right decision for the clinical needs of the patient. SCAs are currently the best Trust in the country for being able to quickly recognise Red 1 calls based on the information provided by callers, dispatching ambulances quickly for those who most need them.

A staff survey will be carried out before the pilot is evaluated next year and a final report will be submitted to the Secretary of State for Health. A similar survey of ambulance control and field operational staff in SWAST in the first month of their trial demonstrated that half of all respondents felt that demand was being managed more effectively and two-thirds felt the effectiveness of triage and ability to dispatch had improved. One in five emergency front line crews also reported that their meal break allocation was much more effective and almost half reported a decrease in being stood down from incidents.

The extra time for a more detailed telephone assessment also demonstrated an increase in the proportion of 999 calls resolved through telephone advice (Hear and Treat) by up to 30 per cent, also freeing ambulances for patients who need to be treated at scene and taken to hospital. The experience in SWAST has also identified a reduction in crew delays at hospital and a decrease in the number of patients waiting for an ambulance.

An assessment of the clinical outcomes of South West patients indicated that there was no adverse effect in the quality of care delivered to patients.

Since the introduction of ARP in SCAS, we have reduced the response ratio to incidents to one of the most efficient in the country. This is from having the ability to despatch the right resource to the patient, the first time. This has resulted in hundreds fewer ambulance journeys.

Clinical Performance and Patient Outcomes

The ambulance clinical quality indicators aim to provide the public with the information they need to be able to see the quality of care being delivered by ambulance services.

As well as maintaining fast response times for the most seriously ill patients, the data also show that ambulance services are using their clinical skills to treat patients or transport them to the most appropriate services.

The clinical indicators include data on the treatment and transport of the following conditions:

- Outcome from acute ST-elevation myocardial infarction (STEMI - a type of heart attack)

This indicator requires ambulance services to ensure delivery of rapid assessment and treatment for patients experiencing this type of heart attack, as this is crucial to the cardiac care pathway which aims to restore coronary blood flow thereby improving patient outcomes.

- Outcome from cardiac arrest - return of spontaneous circulation

This indicator will measure how many patients who are in cardiac arrest but following resuscitation have a pulse/ heartbeat on arrival at hospital.

- Outcome from cardiac arrest - survival to discharge

Following on from the second indicator, this one will measure the rate of those who recover from cardiac arrest and are subsequently discharged from hospital.

- Outcome following stroke for ambulance patients

This indicator will require ambulance services to measure the time it takes from the 999 call to the time it takes those F.A.S.T-positive stroke patients to arrive at a specialist stroke centre so that they can be rapidly assessed for treatment called thrombolysis.

- Proportion of calls closed with telephone advice or managed without transport to A&E (where clinically appropriate)

This indicator should reflect how the whole urgent care system is working, rather than simply the ambulance service or A&E, as it will reflect the availability of alternative urgent care destinations (for example, walk-in centres) and providing treatment to patients in their home.

- Re-contact rate following discharge of care (i.e. closure with telephone advice or following treatment at the scene)

If patients have to go back and call 999 a second time, it is usually because they are anxious about receiving an ambulance response or have not got better as expected. Occasionally it may be due to an unexpected or a new problem. To ensure that ambulance trusts are providing safe and effective care the first time, every time, this indicator will measure how many callers or patients call us back within 24 hours of the initial call being made.

- Call abandonment rate

This indicator will ensure that we and other ambulance services are not having problems with people phoning 999 and not being able to get through.

- Time to answer calls

It equally important that if people/patients dial 999 that they get call answered quickly. This indicator will therefore measure how quickly all 999 calls that we receive get answered.

- Service experience

All ambulance services will need to demonstrate how they find out what people think of the service they offer (including the results of focus groups and interviews) and how we are acting on that information to continuously improve patient care.

- Category A 8 minute response time

This indicator measures the speed of all ambulance responses to the scene of potentially life-threatening incidents and measures that those patients who are most in need of an emergency ambulance gets one quickly.

- Time to treatment by an ambulance-dispatched health professional

It is important that if patients need an emergency ambulance response, that the wait from when the 999 call is made to when an ambulance-trained healthcare professional arrives is as short as possible, because urgent treatment may be needed.

The Trust's recent Ambulance Clinical Quality Indicators are published online by the NHS England. SCAS has a strong track record of strong clinical performance. One area we are striving to improve upon is our time taken to transport FAST positive stroke patients to a specialist centre. The Trust is working through an action plan to make improvements. We are assured that patients are still receiving high quality care as shown by the Trust's high level of compliance with the nationally defined care bundle.

As part of our contractual agreements with the CCGs, it has been agreed with SCAS a long-wait review process. This is where SCAS reviews calls that have waited an uncharacteristically long time for an ambulance response. This 'end to end' review includes all categories of calls to the ambulance service (including NHS111) and has individual inclusion parameters depending on the category of call. The review aims to gain learning, potential for improvement and themes for mitigating actions therefore preventing repeats. This review includes review of cotemporaneous notes from the Emergency Operations Centre, an assessment of the clinical risk to the patients using a standardised 5x5 matrix, a review of the Patient Clinical Record to understand the clinical outcome for the patients and the effect these waits had on the patient's experience.

This continues to be a focus for the Trust and will enable early identification and learning of specific issues, internally this monitored by the Patient Safety Group and to demonstrate further assurance, this year long waits is the Governor selected indicator. Further scrutiny and assurance is provided by the CQRM.

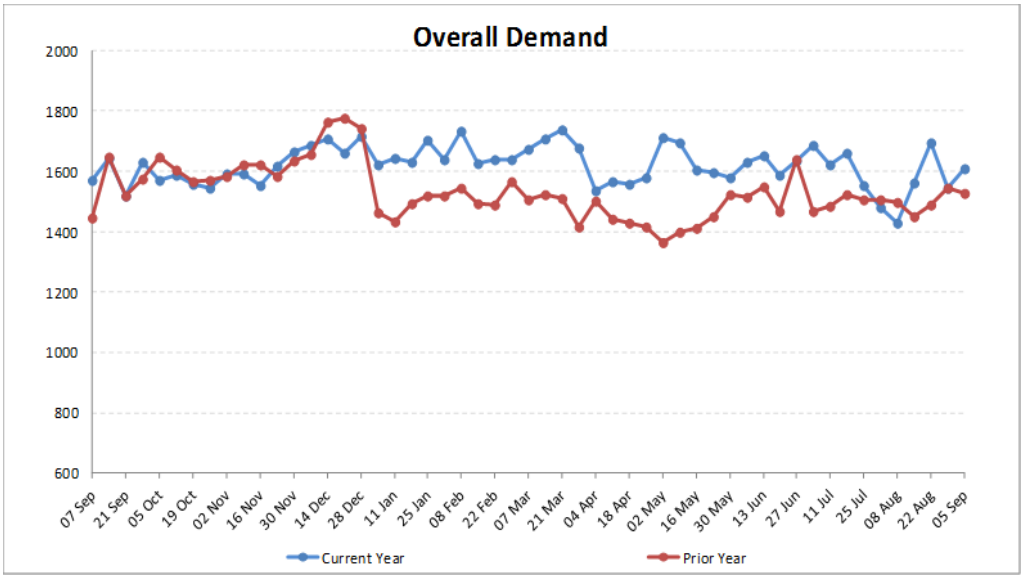
SCAS continues to strive for clinical excellence and an area which we are continuing to invest in this year is Specialist Practitioners in Urgent Care. Specialist Practitioners are Paramedics or Nurses trained to a higher standard of knowledge and skills in urgent care. The Specialist Practitioners are trained in partnership with Oxford Health NHS Foundation Trust. With their increased knowledge and skills, Specialist Practitioners will bring healthcare to the patients, managing more patients in their local communities and supporting other ambulance clinicians with more appropriate care pathways other than the traditional Accident and Emergency pathway.

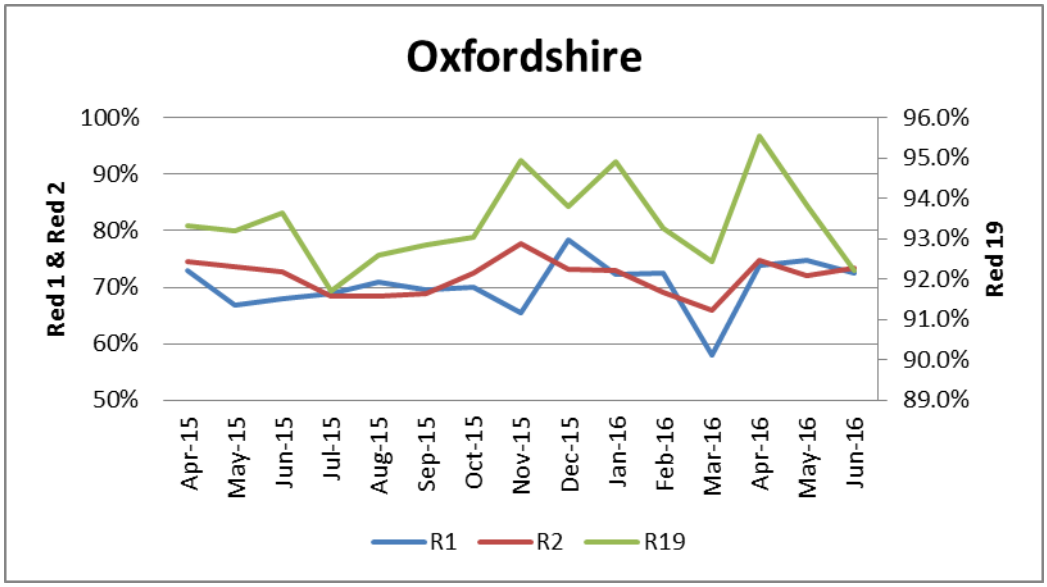
The Trust is also working closely with our partners to improve our Critical Care provision across the South Central region. We have increased our Emergency Care Response Unit (ECRU) response provision through an additional ECRU response vehicle. We have also worked with both Air Ambulances to provide a greater HEMS provision which now includes flying through the night.

Activity and 999 Performance

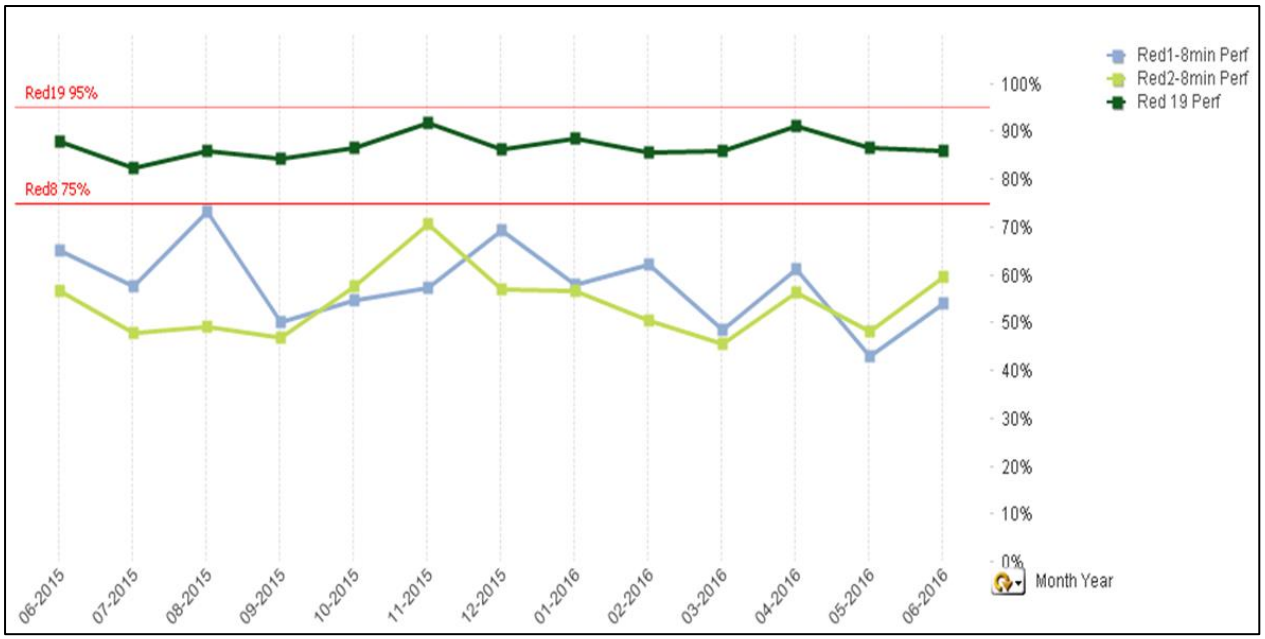
Demand for 999 services continues to grow in activity this year. Last year's growth in Oxfordshire was 9% and West Oxfordshire was 8%. The level of Red calls which required an 8 minute response however rose by 25% in Oxfordshire and 33% in West Oxfordshire compared to the same periods in 2015/16.

This growth and impact has been greater outside the urban areas. Both of these factors are continuing to place significant pressure on performance delivery.

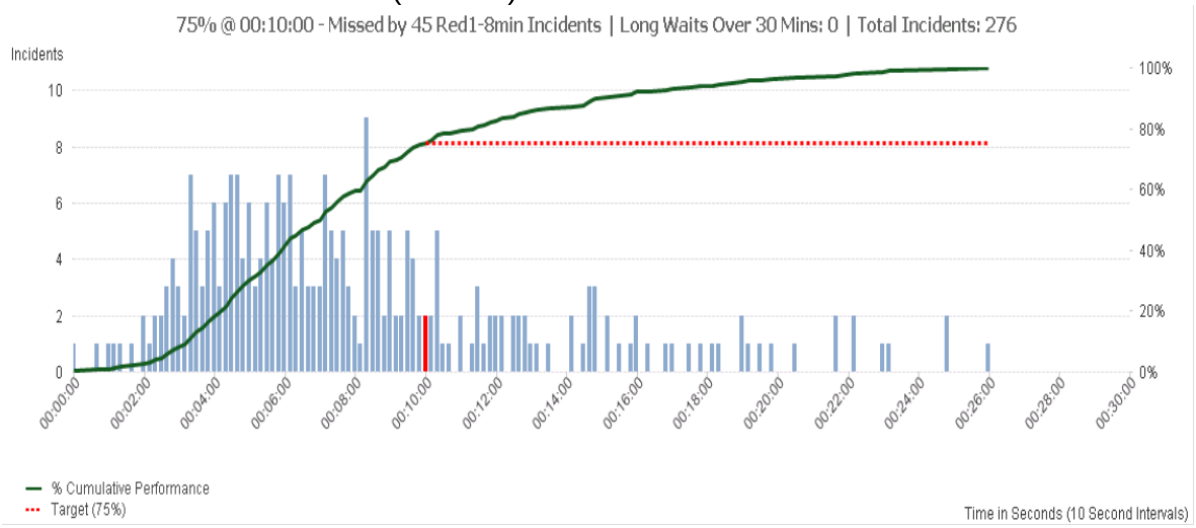




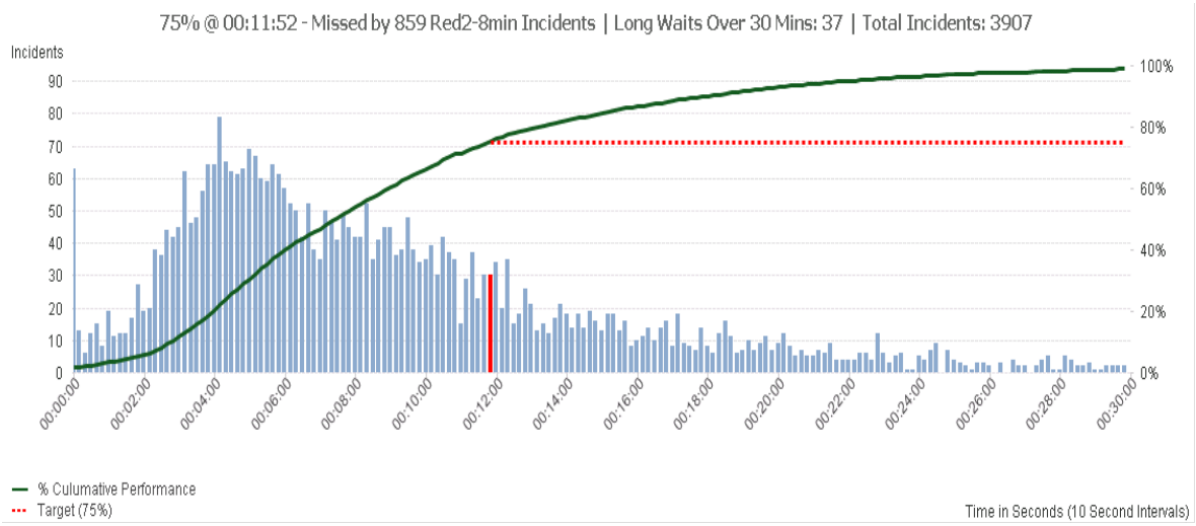
West Oxfordshire Local Authority Performance



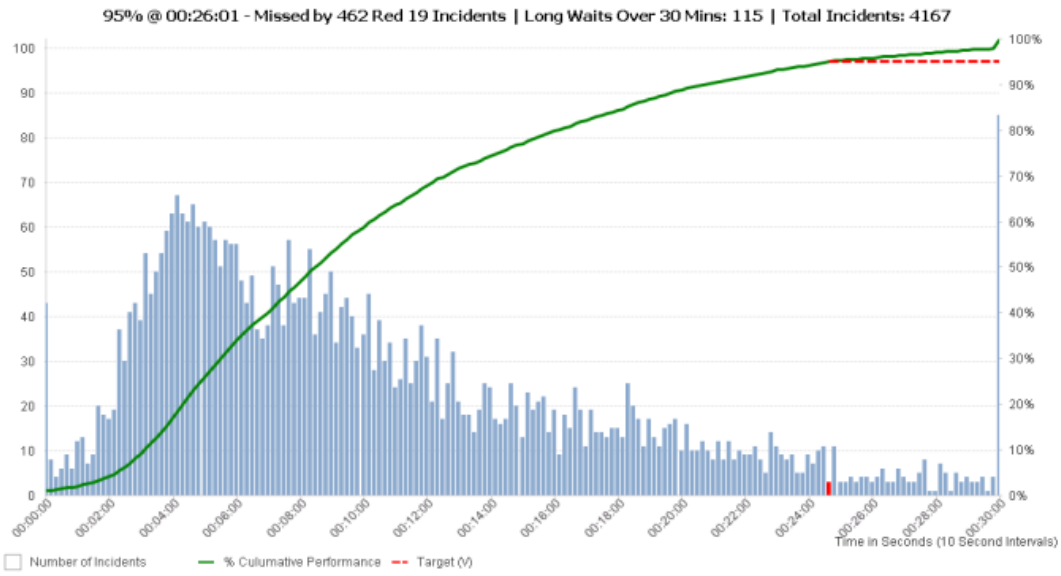
Red 1 Performance Standard (2015/16):



Red 2 Performance Standard (2015/16):



Red 19 Performance Standard:



Due to the growing 999 demand in West Oxfordshire, a dedicated Rapid Response Vehicle is based from Witney covering a 24 hour period, 7 days a week. After the success of this trial, the additional resource has been built into our core rosters as a permanent resource.

Witney Red Performance (2015/16):

	2015/2016	Quarter 1 2016/2017
Witney Red 1	93.30%	85.93%
Witney Red 2	83.51%	81.97%
Witney Red 19	95.16%	93.51%

Chipping Norton First Aid Unit

SCAS is the provider of the First Aid Unit based at Chipping Norton Community Hospital, operated by our Specialist Practitioners in Urgent Care. This service is open weekday evenings, 5pm to 9pm and 10am to 9pm for weekends and bank holidays. This is a drop-in service and there is no need for patient's to make an appointment. The First Aid Unit can treat:

- Sprains and strains
- Traumatic wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites
- Minor eye injuries
- Injuries to the back, shoulder and chests
- Minor illnesses, e.g. minor urinary tract infections

Last year, we treated 2175 patients at the First Aid Unit, that's an average of over 180 patients per month. The number of patients using this service is continuing to grow year on year with positive feedback being received from the patients we treat.

Striving for Excellence

As with many NHS organisations, SCAS is under immense pressure to meet performance standards within a tight financial envelope. In response to our financial and performance challenges, SCAS has placed itself into internal turnaround program and challenged ourselves to make difficult internal efficiencies. The turnaround process is an executive lead focus where the organisation realigns to focus on key aspects. Three key areas for SCAS are Building Capacity to Reduce Pressure, Aligning our Provision to Patient Need and Improving our Response to Patients. The progress against the Turnaround plan is being monitored on a week by week basis by the Executive and Senior management team, ensuring that actions result in improvements in performance, resources and care delivered by our staff.

In 2016, SCAS commissioned an internal review by Lightfoot Solutions, where we were reviewed as being a very efficient service as benchmarked against other ambulance services within England. Lightfoot made some recommendations on how we could improve our service and reinforced our ambitious approach of challenging transformation.

SCAS has set itself ambitious internal challenges to improve efficiencies in order to realign capacity to support the delivery of patient care. Six key programs are:

- Reducing Sickness Absence – The Trust is implementing its new Health and Wellbeing Strategy, improving the working lives of our staff including their physical and mental health. The Trust is signed up to the Blue Light Program with Mind, The Mental Health Charity and have been implementing both individual resilience training and line manager support training for staff including our volunteers.
- Reducing Attrition – The Trust is striving to achieve the status of 'employer of choice'; we are working to continually improve our staff survey engagement and responses. In October 2015 (the last NHS Staff Survey), we were the highest responding ambulance service.
- Increasing our utilisation of our dedicated Health Care Professional Tier – We are looking to build upon the successes last year with our implementation of a dedicated service to respond in a timely manner to the calls for urgent transportation by other Health Care Professionals. We want this service toc continue to evolve to match the HCP demand and provide a better experience for our patients.
- Improving See and Treat and Hear and Treat – The Trust is looking to continue to improve upon our ability to bring healthcare to patients and where possible provide the patients with the appropriate care and advice, either over the phone or face-to-face. We are enhancing the support to our clinicians in the Clinical Coordination Centres to either being able to provide clinical advice to our patients' over the phone or have access to the most appropriate service to meet the patients' needs. We are enhancing the knowledge, skills, clinical support and access to appropriate care pathways to enable our clinicians to treat more patients within their own communities.
- Reduce Response Ratio – To complement the ongoing work of the National Ambulance Response Program, SCAS has also striving to send the most appropriate resource to the patients the first time, reducing multiple attendances to the same patient. This will improve the experience of patients and the continuity of the care we provide, as well as improving the available capacity to respond to more patients.
- Stabilising and Reducing our Call Cycle – The Trust has set one of its most ambitious challenges surrounding the total time we spend on each emergency incident. This time has increased year on year across all ambulance trusts. This year SCAS is focusing in reducing this time by removing inefficiencies and therefore improving the available capacity to respond to more patients, improving the standards of care provided and patients' experiences with the service.

Demand Management and Electronic Patient Records

The Ambulance Response Programme is the leading process in managing our demand. The additional time that the emergency call takers now have provides time for them to gather vital information to be able to direct patients to the most appropriate service for them.

Oxfordshire CCG and SCAS have worked together to fund a Demand Practitioner for the Oxfordshire area. The Demand Practitioner is reviewing patients that require our services on a frequent basis, working with our partners across the health and social care system, to create a multi-disciplinary lead care plan that results in the patients receiving the most appropriate care reducing their reliance on acute and emergency care. The care plans are shared across the health and social care system, ensuring the patient receives the appropriate care regardless of how or where they access the NHS system.

Within SCAS we ensure that the care plans are stored within our Computer Aided Despatch (CAD) system, so if the patient calls either 999 or 111, a clinician based within our Clinical Contact Centres can, where appropriate, manage these patients without an ambulance

response being required or the despatcher is able to send the most appropriate ambulance resource to this patient the first time that they call. If a response is required the responding ambulance crew will be notified of the special patient note.

Last year SCAS reviewed, updated and created over 100 individual care plans supporting more complex patients within the most appropriate setting for them.

SCAS operate electronic patient records (EPR) across the Trust. The EPR system allows the ambulance clinicians to notify and share information with the hospitals live, have instant access to previous ambulance patient records and access a patient's medical history using their NHS number. SCAS clinicians also have access to the NHS Directory of Services to enable them to be able to direct and refer patients along the appropriate care pathway.

Alternative Care Pathways

SCAS have an emphasis on ensuring the right care in the right place is delivered for the patient whilst assessing the wider urgent care impact. SCAS have a consistently good performance on supporting people where they are (on the phone and at the scene) and therefore not requiring conveyance.

The Trust continues to increase the amount of calls able to be dealt with over the phone without the need to dispatch an ambulance with improvements in performance being achieved year on year.

SCAS work closely with other health and social care providers within Oxfordshire to influence provision of alternative care pathways other than admission to an A&E department. SCAS clinicians are highly trained to take a holistic view of the patient's health and social care needs and have access to alternative care pathways to ensure rapid and safe referrals to other health and social care providers. A successful example of how this is achieved in Oxfordshire is the use of Emergency Medical Units provided across the county by Oxford Health NHS Foundation Trust.

Community First Responders and Co-Responder Schemes

SCAS is committed to improving our response to patients in rural areas. One aspect of this is the use of Community First Responders (CFRs). CFRs are nationally defined as people trained as a minimum in basic life support and the use of a defibrillator, who attend potentially life-threatening emergencies. Our CFRs use life-saving skills, such as the use of the automated external defibrillator (AED), to provide early and often vital intervention for patients suffering life-threatening emergencies in the immediate vicinity of where they live or work. The Trust recruits and trains volunteers to provide life-saving treatment at a recognised level and they are always backed up with the nearest available ambulance. It is mandatory for CFRs to complete training every six months to maintain competency and we also offer the option for CFRs to have monthly refresher training as required. We respond CFRs to mostly Red categorised (life-threatening) calls which are normally to patients suffering from conditions such as cardiac arrests, heart attacks, strokes, choking, diabetic emergencies, traumatic emergencies (not road traffic collisions), breathing difficulties, patients suffering from seizures, chest pains, unconscious patients and paediatric patients aged one year and over.

We have specifically targeted the recruitment of CFRs to rural areas of Oxfordshire, specifically West Oxfordshire, Vale of White Horse and South Oxfordshire. The Trust

considers CFRs to be a crucial part of our response to patients in these areas. CFRs respond to calls in their neighbourhood, therefore, the potential for them to arrive on scene before an ambulance, especially in rural areas, is vital in providing immediate life-saving treatment. These extra minutes do help to save lives.
It is important to note that CFRs and AEDs do not replace the ambulance response, merely enhance it and improve the outcome for patients who are at risk of cardiac arrest.

Similar to CFRs, SCAS also work closely with Oxfordshire Fire and Rescue Service (OFRS) and the Royal Air Force (RAF) to provide similar schemes across Oxfordshire. OFRS provide a retained response, similar to a CFR, to Red calls within their area, whilst maintaining their ability to respond to Fire and Rescue Emergencies within the local area.

We have recently expanded our collaborative work with OFRS to include responses in Abingdon and Didcot. We are continuing to work with all the Fire Services across the South Central Region, developing, aligning and improving our co-responding agreements to ensure a rapid and appropriate response to patients.

The RAF medics provide qualified clinicians to work in Rapid Response Vehicles (RRVs) which are deployed to cover areas of demand as required. SCAS are continuing to work with both organisations to improve this response capability and productivity. There is ongoing work to continue to building upon these schemes.

SCAS has developed a mobile app called Save a Life. This app will be able to help you find the nearest AED in the case of an emergency and provide helpful support and training videos to support the general public should they ever need to perform CPR or use an AED.

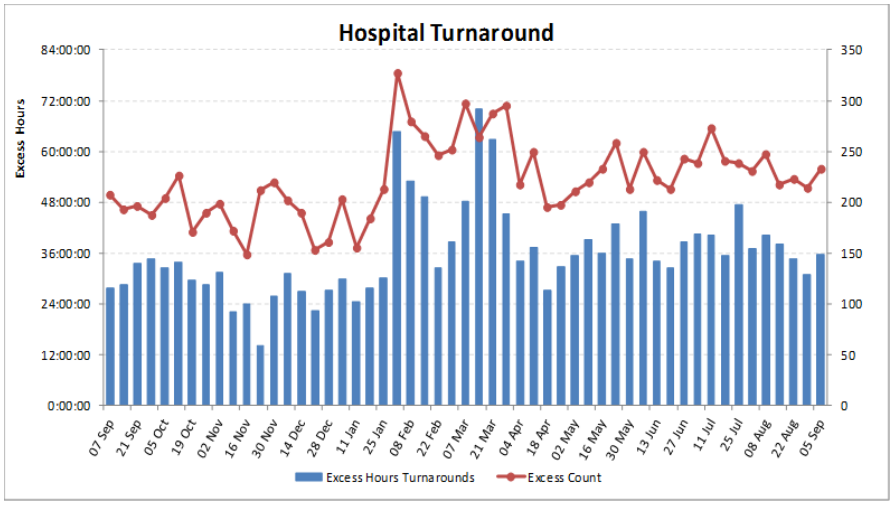
Hospital Turnaround

SCAS work diligently with our colleagues within Oxfordshire Clinical Commissioning Group (OCCG) at Oxford University Hospitals NHS Trust (OUHT) to minimise delays when handing over patient care at the hospitals run by OUHT. OUHT run four hospital sites in Oxfordshire: John Radcliffe Hospital, Churchill Hospital, Nuffield Orthopaedic Centre and Horton General Hospital. Both the John Radcliffe Hospital and Horton General Hospital have A&E departments. The John Radcliffe Hospital is also a specialist centre for many specialities including Trauma, Stroke, Paediatrics, Cardiac and Ophthalmology.

The national performance standard for the complete handover of patient care to occur between the ambulance clinician and the hospital clinician is for the 85% of handovers to occur within 15 minutes of the ambulance arrival outside the A&E department. Locally across the Thames Valley Region, the expected standard handover time of 15 minutes is expected across all wards within the hospital and contractual levers are in place to achieve this. The ambulance service also has a national performance standard to achieve with regards to completing handover and being available to respond to the next call. This performance standard is also set at 85% of clear ups to occur within 15 minutes of the completion of handover.

Clinical and operational managers from SCAS and OUHT meet monthly to review the handover and clear up processes to improve our performance against the national and local standards.

The graphs below shows the excess hours (above the 15 minute national standard) lost at Oxfordshire hospitals due to delayed handovers.



SCAS works closely with our health and social care partners to ensure that the patients are transported to the most appropriate hospital which may or may not be their closest hospital. With the improvements in the provision of centralised specialist care such as Trauma, Cardiology and Neurology, SCAS clinicians will often bypass the nearest Accident and Emergency department to transport the patient to a specialist centre. In Oxfordshire, an example of this would be bypassing Horton General Hospital in Banbury to transport a patient directly to the John Radcliffe Hospital in Oxford for Trauma care at the Regional Trauma Centre. SCAS are members of the clinical networks and provide input into their design and implementation. Discussions are held with commissioners should an impact be expected upon the service and mitigating actions are taken to ensure that the ambulance service provisions to patients in those areas are not affected.

SCAS works closely with our partners to ensure system wide improvements continue to progress.

Patient Transport Service

SCAS provides the Patient Transport Service (PTS) for Thames Valley (including Oxfordshire, Berkshire and Buckinghamshire), Milton Keynes and Hampshire. From April 2017, SCAS will also provide the PTS service for the county of Surrey.

Our Patient Transport Service (PTS) has provided non-emergency transport across Buckinghamshire, Berkshire, Hampshire and Oxfordshire for more than 40 years. We provide transport for people who are unable to use public or other transport due to their medical condition and include those who are:

- attending hospital outpatient clinics
- being admitted to or discharged from hospital wards
- needing life-saving treatments such as radiotherapy, chemotherapy or renal dialysis or DVT treatment.

Our non-emergency PTS provides much needed support to patients and is an extremely important part of our service. In 2014/2015 we undertook 500,445 patient journeys.

We have liaison officers across the region in major hospitals where our staff are the public face of the PTS division. They deal with bookings and queries, but also with any problems that occur on the day such as late arrivals, changes in patient appointments, and most importantly that every patient is conveyed so that they get the treatment they need.

Our PTS service is working closely with Oxfordshire CCG and other health and social care providers in the area to make key changes in the way we deliver our PTS service, to ensure that we transform our service to provide the key pivotal delivery of ambulance transport to better support the dynamic and changing health and social care setting.

The feedback received from our patients continues to improve year on year, showing how this vital service helps to maintain their dignity in times of need and make key changes to keep them independent and thriving when receiving ongoing treatment for medical conditions.

Workforce

Workforce planning continues to be challenging for Ambulance Trusts due to the national shortage of Paramedics. SCAS is working with Health Education Thames Valley (HETV) and multiple universities to fund paramedic development opportunities for internal and external candidates to train to become paramedics. This year we have courses taking place with Oxford Brookes, Northamptonshire and Portsmouth Universities.

SCAS has worked with Commissioners to introduce a new role of Enhanced Paramedic. This role has a requirement of additional qualifications supporting the paramedic in progressing, enhancing their knowledge and skills in urgent and emergency care and improving their ability to coach and mentor other clinicians.

The Trust has also introduced a new role of Associate Ambulance Practitioner (AAP). This new clinical role will provide a platform for our current staff to progress to and new staff to enter our service at AAP level, which can then progress onto Paramedic level. The role is supported by a new Qualifications Careers Framework (QCF) Level 4 course and those qualifying as AAPs will provide an autonomous clinical role in treating and managing patients across a broad range of emergency, urgent and social care settings.

The workforce position within Oxfordshire has improved year on year with high levels of recruitment from local universities. The Trust is also currently exploring wider options including international recruitment, agency working and collaboration with the armed services.

The Trust has implemented and is embedding a service design change based on a review of our demand and capacity modelling. We have implemented an alternative response to Health Care Professional (HCP) calls, where the patients have been assessed by a clinician and only require low-level care and transport. With the increased use of this service by GPs, this will improve our response to the non-emergency HCP Calls by providing a purpose built resource to respond to these types of calls only and will also free up A&E clinical ambulances to respond to 999 calls. The new HCP provision has increased the number of non-clinical posts within the area and provides a new position that may be attractive to retain staff in long-term and attract new staff into the organisation.

Within Oxfordshire we are trying an innovative approach to the review of working patterns. Not only are we reviewing out working patterns to best meet the demand from 999 and 111, we are also developing new ways of working to support our staff in having greater clinical supervision and support, enhanced team working culture and healthier

NHS 111

SCAS also currently provides the NHS111 service in Oxfordshire. The NHS111 service signposts callers to the most appropriate service for their needs through NHS Pathways triage and clinical advice as required. In 2016/17, SCAS provides this service for the South Central region (excluding Milton Keynes) and Bedfordshire. Through the virtualisation of our Clinical Contact Centres (CCC), a more resilient call answering service is provided. We are currently one of the top performing NHS111 services in the country.

Within our NHS111 service, we not only provide a prompt and professional telephone answer and triage service, we also provide clinical advice over the phone and signpost callers to the most appropriate service. The onward care that can be signposted to includes an emergency ambulance response, attending the A&E department within an appropriate timeframe, attending a Minor Injuries or First Aid Unit within an appropriate timeframe, an Out of Hours GP appointment, attending your own GP within an appropriate timeframe, attending a pharmacist for advice, self-care or a number of other services available.

Within SCAS we appreciate how complex the Health and Social Care System can seem to members of the public and our NHS111 service aims to provide care and support in accessing the right NHS service the first time.

Within our Clinical Coordination Centres, we are also trialling new ways in supporting and accessing patients, this includes trials with clinician assessment by video conferencing for patients in Nursing and Care Homes as well as direct appointment booking for NHS services.

Summary

The ambulance service is continuing to undergo a period of substantial challenge arising from increasing demand, acuity, variation of traditional demand patterns, staffing shortages and impact from other services through the demands within the wider health and social care economy.

SCAS compares well nationally, generally performing in the top 3 on all measures. SCAS works well with stakeholders and the community to provide year on year improvement as well as innovative partnerships such as fire service, military, maternity and dental line and supports the wider health and social care economy to provide the care patients require.

We are an improving and learning organisation, continually striving for excellence.

Richard McDonald
Head of Operations - Oxfordshire
South Central Ambulance Service NHS Foundation Trust