



Report to Oxfordshire County Council Health Overview and Scrutiny Committee

Background

Oxfordshire Clinical Commissioning Group (CCG) has a contract as an Associate to a wider Thames Valley contract with South Central Ambulance Service (SCAS) to provide Emergency Ambulance services across Oxfordshire. The lead Commissioner for this contract is North and West Reading Clinical Commissioning Group in Berkshire; other Commissioners include Aylesbury Vale and Chiltern in Buckinghamshire and 6 other CCGs in Berkshire.

Oxfordshire CCG currently spends £19,914,896 on the Emergency Ambulance service which pays for 80,000 incidents per year.

This also includes other quality schemes under the contract to better support patients. Current examples designed to further enhance the care patients already receive include;

- Support and management of patients with urinary tract infections,
- Supporting the availability of special notes and care plans to the ambulance crews to provide appropriate decision making on scene.
- Recruitment of a mental health practitioner in the Emergency Operations Centre to better support mental health patients with their care needs.
- Patient satisfaction survey in line with national requirements from NHS England.

In addition to the above the CCG is further investing in SCAS through additional winter pressures funding £260,000 to cover additional capacity for Health Care Professional calls and a SOS bus in Oxford to support first aid demands at night time in the city centre.

Performance

The current contract with South Central Ambulance Trust Foundation Trust (SCAS) for 2014/15 has been agreed Thames Valley wide (including Oxfordshire, Buckinghamshire and Berkshire). 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 which SCAS are achieving. The CCG works collaboratively with SCAS to seek continuous improvement in performance measures by reviewing these measures at County level. As part of the 2014/15 contract the CCG has agreed with SCAS a review of cases where patients have waited longer than expected with a view to gaining learning, potential for improvement and themes for mitigating actions preventing repeats. This continues to be a focus for commissioners and will enable early identification of specifics for rural issues.

SCAS are working hard to expand their Community First Responder Schemes in rural area and continue with their successful campaign to place more defibrillators in villages and training local communities to use them. The CCG has contacted other Ambulance Trusts to understand if they have similar issues and they have similar schemes which also includes using the military and fire brigade as first responders. SCAS are planning on an extension of their partnership with the military in Brize Norton and also with the fire brigade in Thame.

Patient Outcomes

SCAS are benchmarked nationally against other Ambulance Trusts nationally on performance and patient outcomes based data. The most recent data that was published in October on May performance shows that SCAS consistently perform above average on the following indicators:-

- Return of Spontaneous Circulation following cardiac arrest
- Outcomes from acute ST elevation myocardial infarction (Heart attack)
- Highest performing Ambulance Trust for Cardiac arrest survival to discharge

The one outstanding indicator related to stroke which SCAS currently have an action plan in place which they are achieving well against.

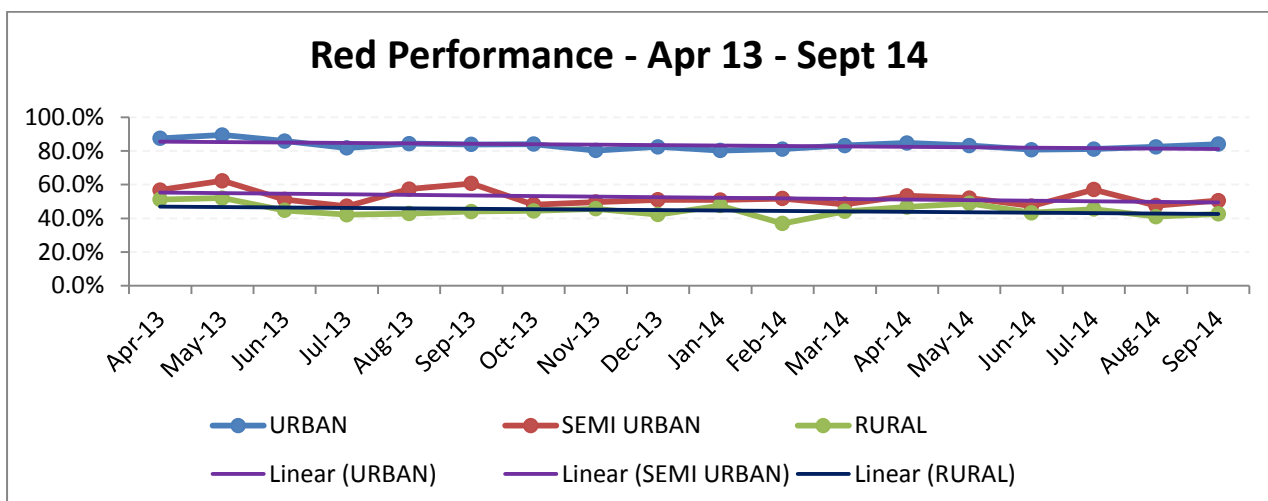
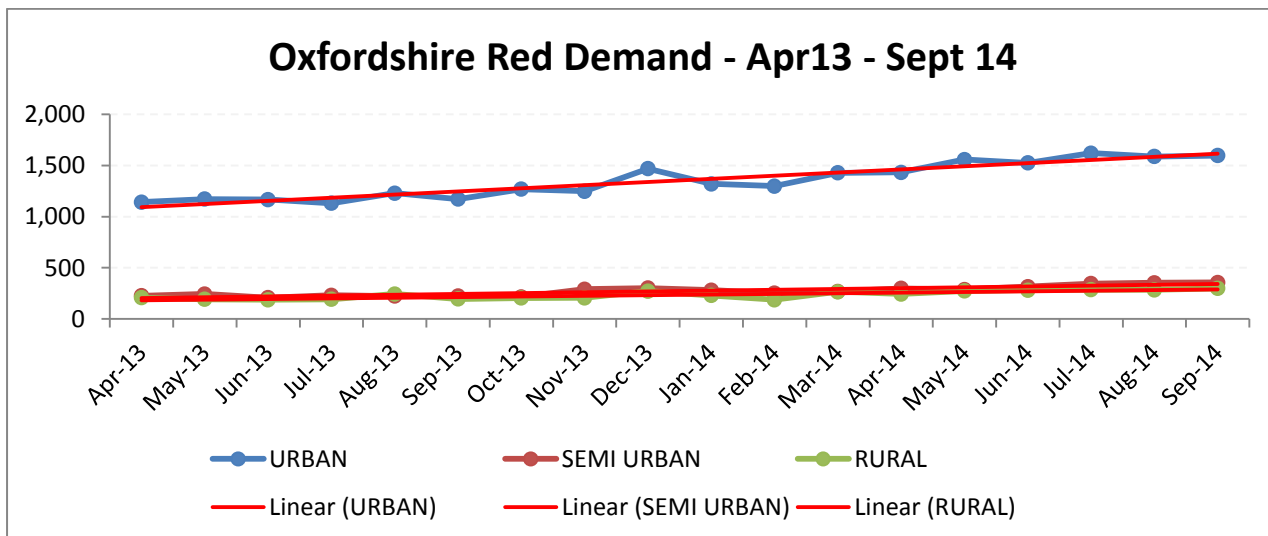
SCAS have an emphasis on ensuring the right care in the right place is delivered for the patient whilst assessing the wider urgent care impact. SCAS have a consistently good performance on supporting people where they are (on the phone and at the scene) and therefore not requiring conveyance when compared to other Ambulance Trusts. This can be seen along with other performance benchmarks and outcomes against other Ambulance Trusts nationally in Appendix 1.

Activity and Finance

Demand for 999 services has seen large growth in activity between April and July of this year above the expected plan and above the 3% growth that had been added to the contract from 13/14. This has begun to stabilise in August and September with demand more in line with forecasts and expectations. The CCG continues to prioritise investment into the Ambulance service and from 13/14 contract year there has been an additional £900,000 invested for the 14/15 contract year.

Overall year to date growth in Oxfordshire is 8%. The level of Red calls which require an 8 minute response however has risen by 35% compared to the same period last year. This growth and impact has been greater outside the urban areas. Both of these factors are placing significant pressure on performance delivery.

Oxfordshire CCG Analysis 2014-2015								
	Red 2				Red 19			
	Number Incident s	Number of Hits	Performance	75th Percentile	Number of Incidents	Number of Hits	Performance	95th Percentile
April	1817	1355	74.57%	00:08:05	1970	1883	95.58%	00:18:16
May	1958	1449	74.00%	00:08:11	2118	2014	95.09%	00:18:59
June	1965	1385	74.52%	00:08:51	2129	2017	95.14%	00:18:46
July	2087	1516	72.64%	00:08:28	2239	2105	94.02%	00:20:07
August	2094	1498	71.54%	00:08:35	2083	1953	93.76%	00:20:06
September	2126	1557	73.24%	00:08:16	2246	2120	94.39%	00:19:31
October	2028	1475	72.73%	00:08:21	2178	2040	93.66%	00:20:37



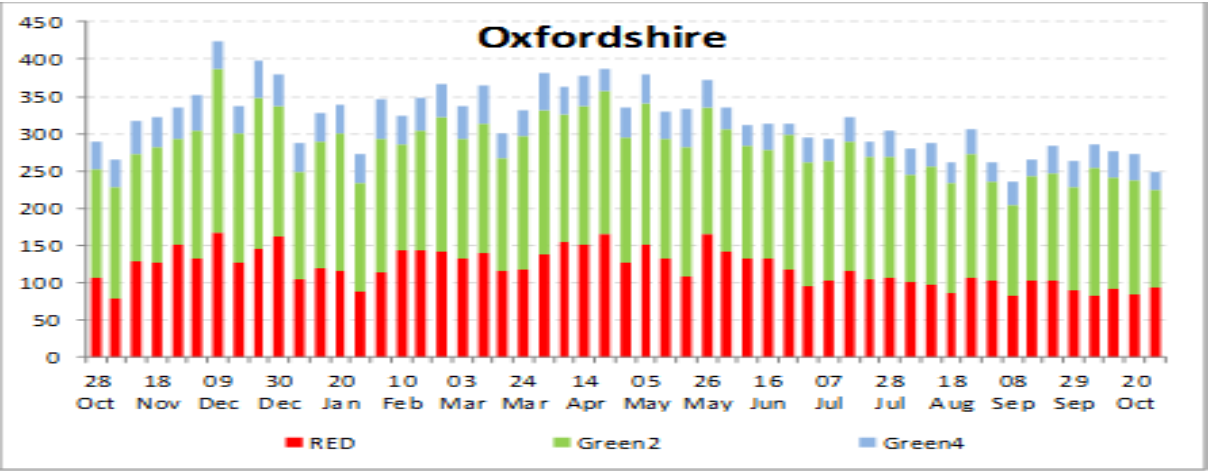
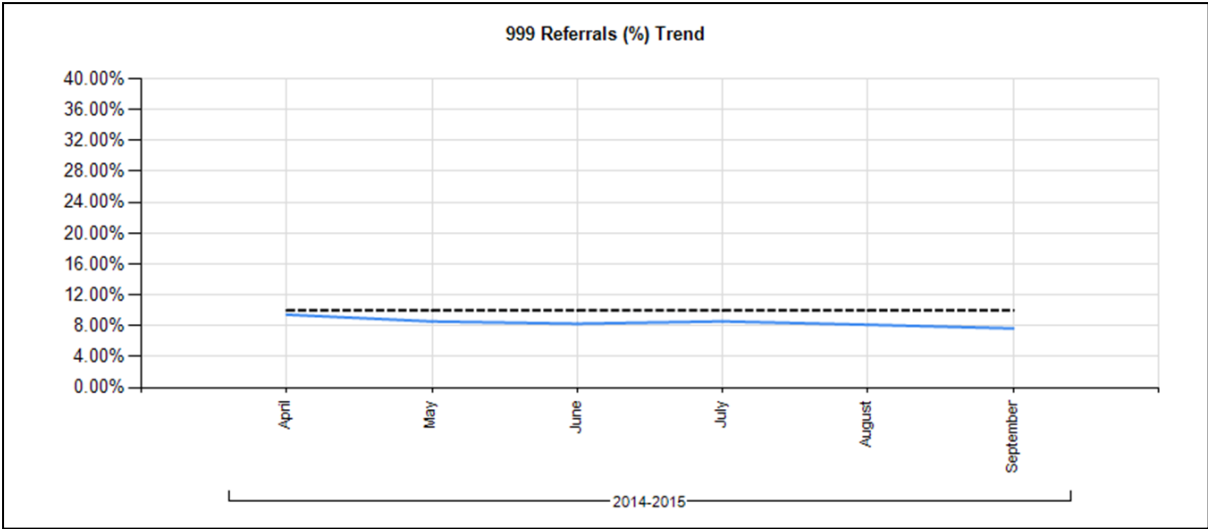
YOY increase in Red demand between April and Sept:
Urban = 32.9%; Semi-Urban = 44.2%; Rural = 37.1%

YOY change in Performance between April and Sept:
Urban = -3.3%; Semi-Urban = -8.5%; Rural = -3.3%

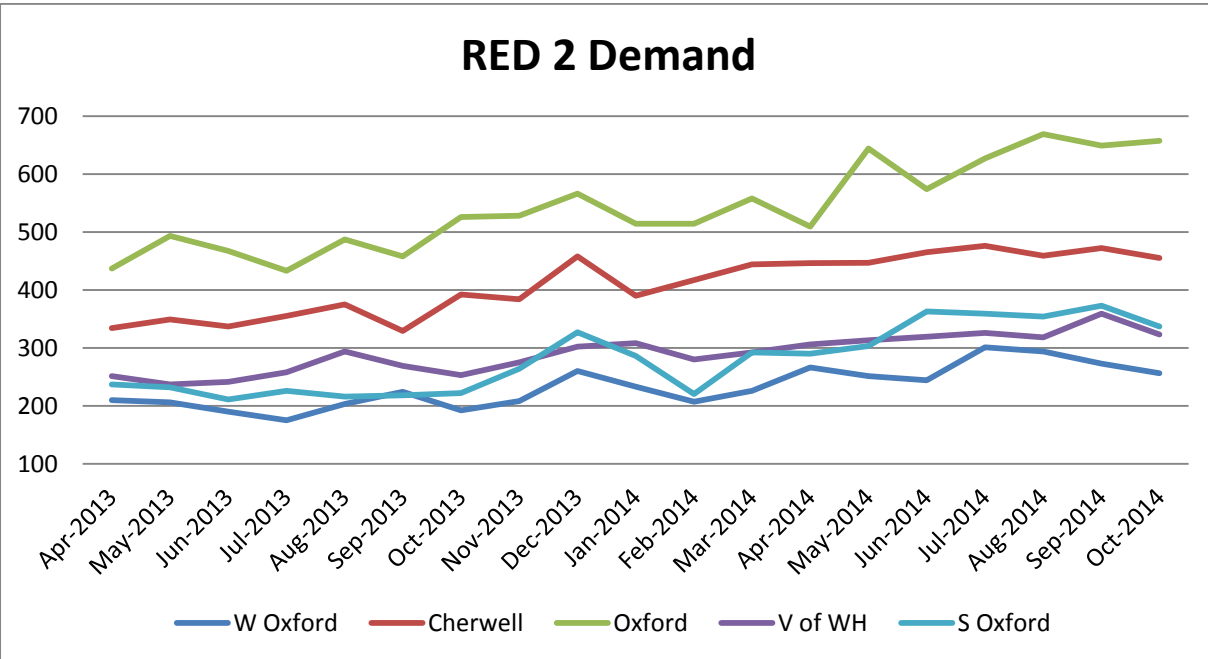
Hear And Treat

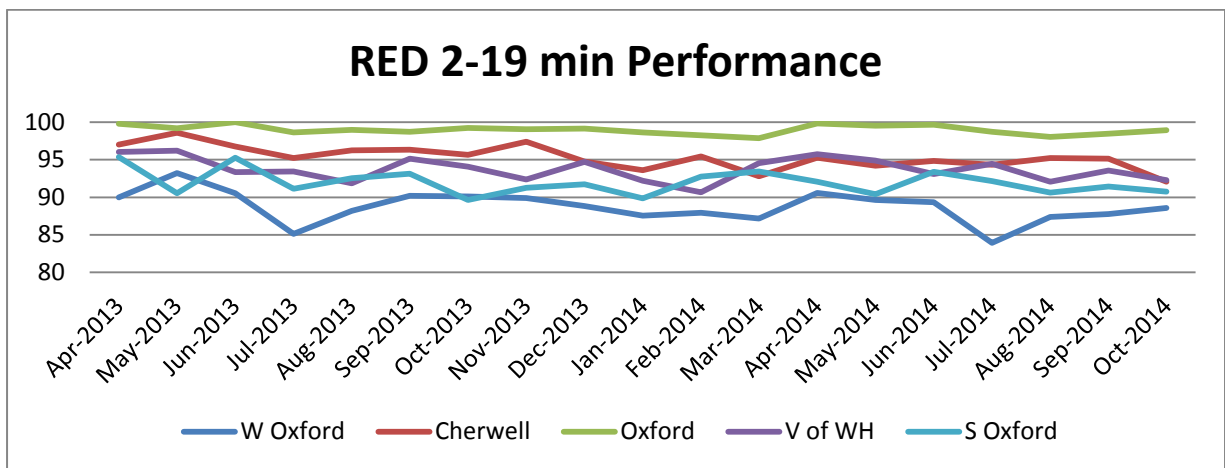
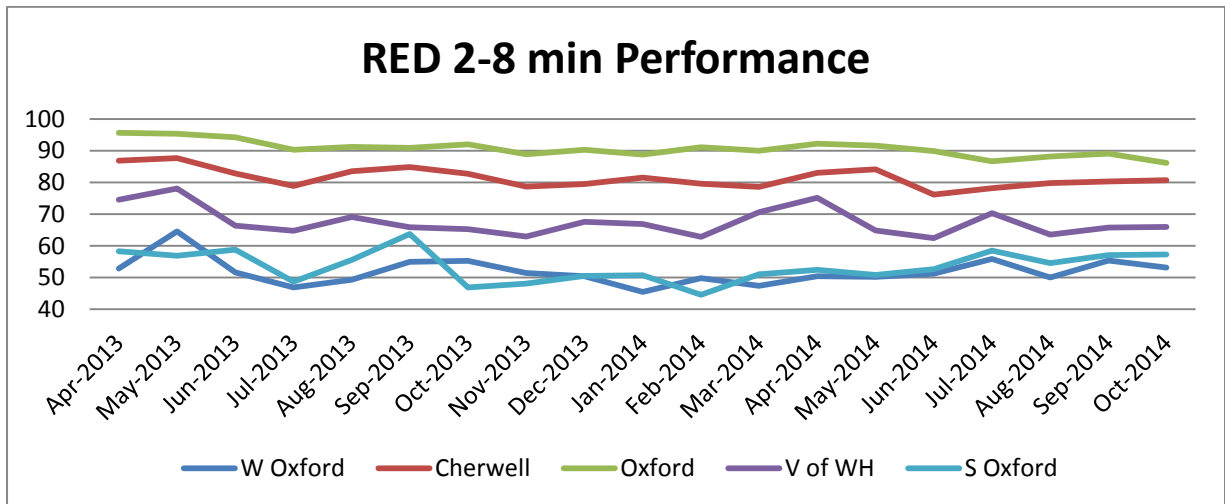
The Trust continues to increase the amount of calls able to be dealt with over the phone without the need to dispatch an ambulance. The implementation of NHS Pathways in May has enabled this to increase further with 4.6% compared to 2.8% of calls now dealt with on the phone, releasing pressure on the pressured ambulance resource.

SCAS also provides the 111 service in Oxfordshire and through greater integration of the two services is amongst the lowest providers in the country for calls transferred from 111 to 999 now at 8%.



Local Authority Performance



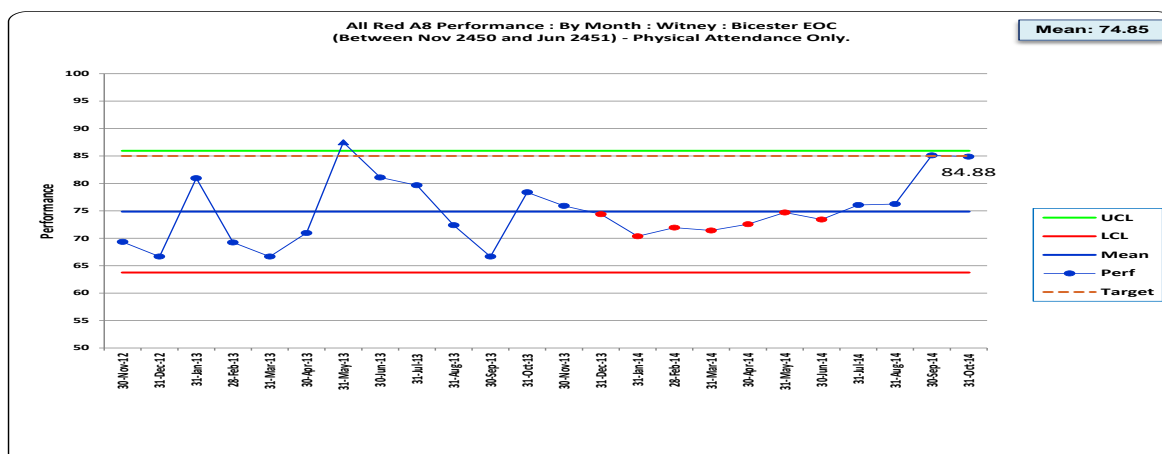


Strategy

SCAS continue to enhance the use of technology and have invested in a new 999 triage system called NHS Pathways this has now been fully implemented in Northern House in Bicester. NHS Pathways allows call handlers to identify the most appropriate service to support the patient if an ambulance is not required and direct the patient to that service. SCAS have further plans to virtualise their Emergency Operations Centre to ensure calls are directed to the next available operator and to build further resilience within their operations. In addition SCAS are also in the process of implementing an electronic patient record and moving away from the current paper based system, which will support improved and more rapid decision making when assessing patients. This is being built to integrate with other wider IT systems to build inter-operability with other organisations.

Witney Pilot

The pilot outlined at the last HOSC for Witney went live on 11 August 2014. This involved basing a rapid response car in Witney, this is improving performance in the town area of Witney but due to travel distances is not able to improve performance outside a six minute drive zone.



Workforce

Workforce planning continues to be challenging for Ambulance Trusts. SCAS have recently undertaken a partnership with Oxford Brookes University to fund places for both internal and external candidates to train to become a paramedic. The course is 18 months with 3 intakes planned over the next 12 months. This will support plans for future staffing.

The position within Oxfordshire has improved this year with higher levels of recruitment from local universities. The Trust is also currently looking at wider options including international recruitment, agency working and collaboration with the armed services.

The Trust is also redesigning services for response to Health Care Professional calls which has increased the number of non clinical posts, this is reflected below and these posts are currently being recruited into.

Current Position

	Establishment (WTE)	Staff in Post (WTE)
Clinical	188	178
Non Clinical	112	71

Conclusion

- There has been significant investment (£900K) in SCAS 999 activity by the CCG in 14/15.
- This year has seen considerable growth in Oxfordshire activity with 35% growth in calls needing an 8 minute response (Significant growth is reflected in other urgent care services locally and nationally)
- There is variation in performance across Thames Valley and within Oxfordshire
- There is some evidence of good quality interventions in the service when compared with other areas.
- Innovative schemes are being trialled to enhance performance in local areas
- Recruiting workforce continues to be a challenge

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National Ambulance Clinical Quality Indicators (Apr to Aug 2014)

Appendix 1

Clinical Quality Indicator	Units	East Midlands	East of England	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	0:01	0:01	0:00	0:01	0:01	0:03	0:03	0:02	0:01	0:01	n/a
Time to Answer - 95%	mm:ss	0:17	0:18	0:01	0:07	0:48	0:24	0:26	0:25	0:18	0:02	0:21	n/a
Time to Answer - 99%	mm:ss	0:57	1:17	0:11	0:48	1:37	1:07	1:25	1:04	0:55	0:39	1:09	n/a
Abandoned calls	%	1.12	1.07	1.19	0.28	3.28	4.53	1.18	0.65	0.82	0.58	0.89	1.45
Cat A8	%	-	-	-	-	-	-	-	-	-	-	-	-
Cat A8 - Red 1	%	73.1	67.2	82.0	71.8	75.4	72.3	77.7	74.4	75.1	80.7	69.6	73.0
Cat A8 - Red 2	%	74.0	60.7	74.7	65.2	75.2	72.9	74.4	74.1	75.7	75.9	69.3	71.3
Cat A8 - Red 1 - 95%	mm:ss	14:02	16:02	8:54	18:25	13:04	13:54	13:39	14:12	14:23	11:30	14:24	n/a
Cat A19	%	94.6	90.2	95.9	94.8	95.5	95.3	95.8	95.0	95.1	97.1	95.8	94.9
Time to Treat - 50%	mm:ss	8:28	7:27	6:10	6:54	6:11	6:15	5:57	5:58	5:42	5:54	6:17	n/a
Time to Treat - 95%	mm:ss	16:09	23:20	16:50	17:53	19:31	18:20	17:50	19:00	19:18	16:04	16:17	n/a
Time to Treat - 99%	mm:ss	23:50	37:25	22:11	30:47	31:26	32:36	29:01	28:53	32:01	24:55	25:07	n/a
STEMI - Care	%	79.9	85.3	94.4	74.9	96.2	86.1	69.1	79.9	91.5	73.7	82.4	81.7
Stroke - Care	%	98.6	97.5	98.6	96.4	99.2	99.3	99.0	94.4	98.0	93.3	97.7	97.1
Frequent caller	%	0.19	0.17	1.26	1.87	0.79	0.73	1.36	0.00	0.00	0.00	2.52	0.85
Resolved by telephone	%	6.8	6.9	8.6	11.0	6.1	3.6	5.1	10.9	6.6	5.3	6.0	7.2
Non A&E	%	31.5	42.9	46.6	34.0	31.3	27.4	42.6	42.6	51.8	37.5	33.4	37.0
STEMI - 60	%	-	-	-	-	-	-	-	-	-	-	-	-
STEMI - 150	%	88.1	90.5	80.0	92.5	87.3	86.5	87.8	88.7	78.8	87.1	83.0	86.6
Stroke - 60	%	61.4	55.5	63.0	64.2	78.5	71.9	54.9	70.6	57.6	55.3	55.6	62.7
ROSC	%	16.7	18.7	15.8	32.4	26.4	26.0	38.0	28.6	22.0	28.1	20.7	25.5
ROSC - Utstein	%	26.8	38.9	50.0	57.9	53.3	46.3	50.0	56.1	43.6	45.0	48.9	46.9
Cardiac - STD	%	6.2	5.1	10.5	5.1	3.1	7.8	15.4	9.8	9.7	9.8	6.7	7.7
Cardiac - STD Utstein	%	14.3	13.0	25.0	18.2	18.5	29.6	30.7	29.4	28.7	31.3	34.1	25.6
Recontact 24hrs Telephone	%	7.4	10.0	4.6	1.9	13.5	11.0	12.0	11.0	13.6	11.3	4.6	8.0
Recontact 24hrs On Scene	%	6.4	5.3	3.8	7.0	4.9	5.8	4.7	4.5	5.8	4.8	3.8	5.3