



# North West Ambulance Service NHS Trust – Presentation to Cheshire East Council Health and Adult Social Care Overview and Scrutiny



# Our Services

**999**

Paramedic  
Emergency  
Service

**Secondary**

Triage

Patient  
**Transport**  
Service

(Cheshire, Merseyside, Cumbria & Lancashire)

**Major**

Incident Management

Host the North West NHS

**111**

service



# About NWS

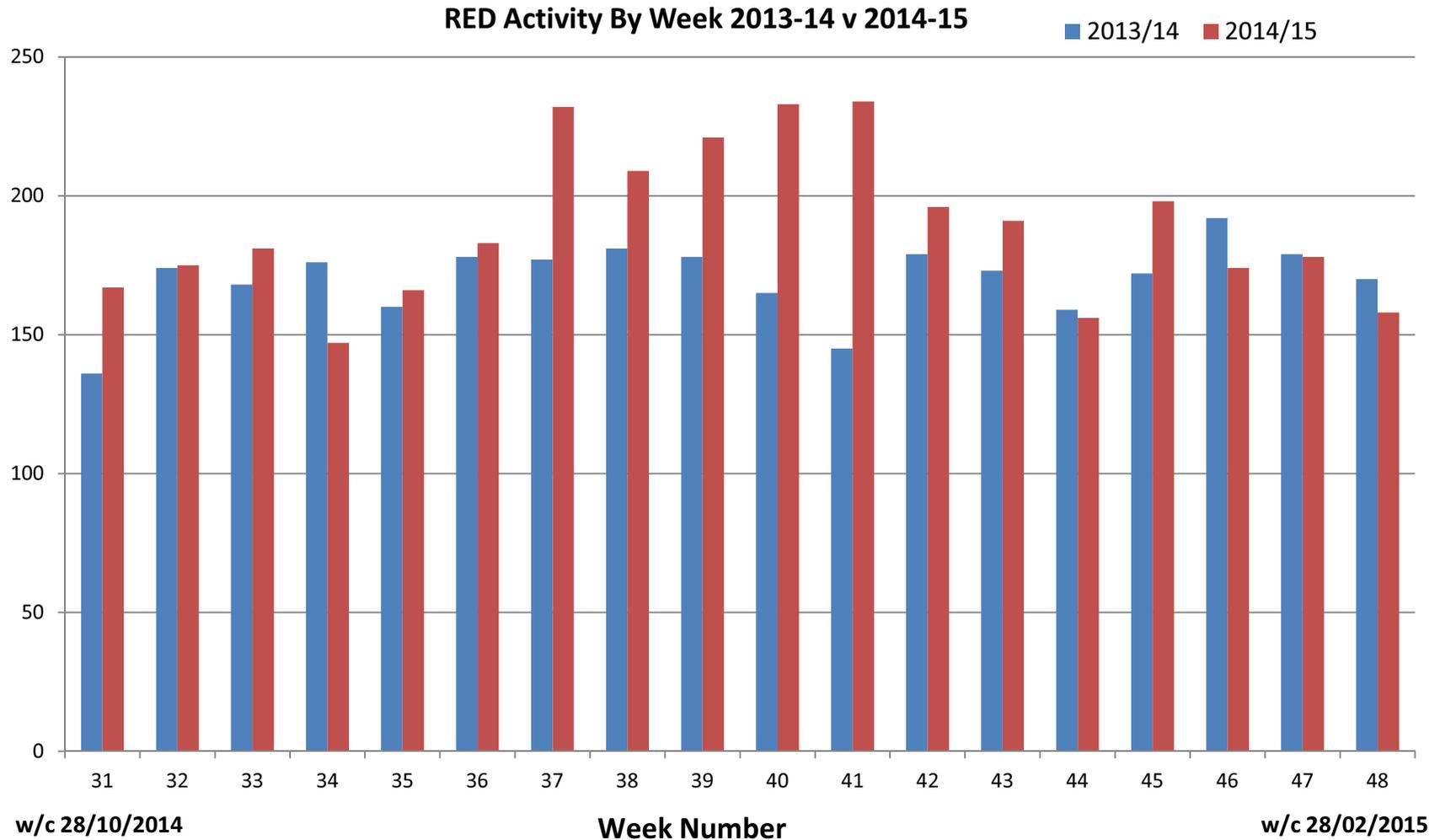
- Covers the North West footprint = **33 CCGs, 1,420 GP practices, 29 acute trusts**
- 1.3 million 999 calls per year
- 950,000 patient episodes
- Population of 7m people – growth of 3% by 2017
- Employs approximately 5,000 staff
- Annual income of £260 million
- Three emergency control rooms – virtual call taking
- 1.2 million PTS journeys in Cheshire, Lancashire, Merseyside and Cumbria



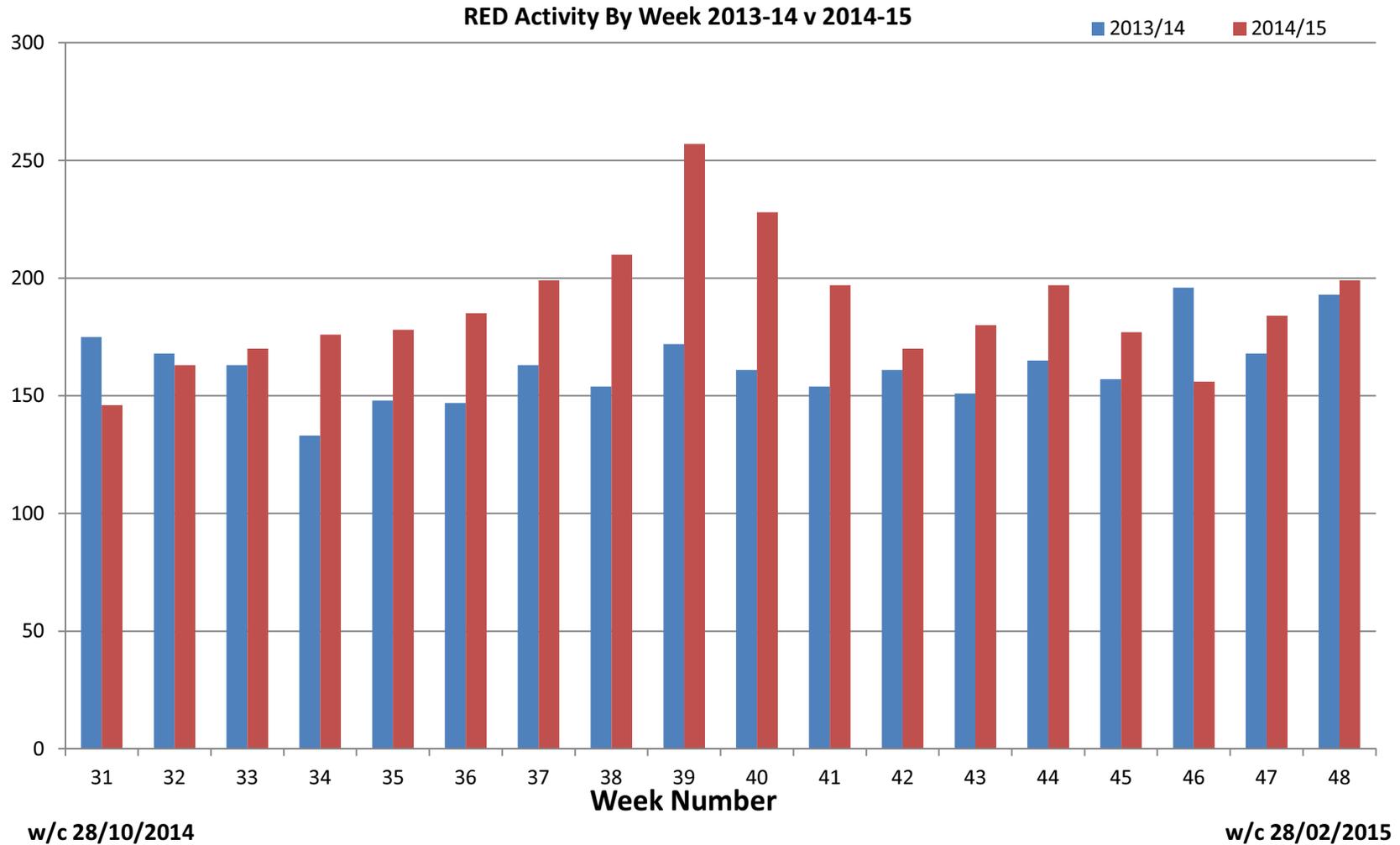
# Performance Standards for 999

- All calls prioritised to determine appropriate level of response
- **Red calls** - immediately life threatening, eg cardiac arrests, breathing difficulties
- **75% of these calls within 8 minutes and 95% of these calls within 19 minutes.**
- **Green calls** - less serious, and are not immediately life threatening. No national targets set, we endeavor to respond as follows:
  - **Green 1 20 minutes**
  - **Green 2 30 minutes**
  - **Green 3 3 Hours**
  - **Green 4 4 hours**

# East Cheshire CCG Red Activity 2013/14 vs 2014/15



# South Cheshire CCG Red Activity 2013/14 vs 2014/15





# Top Five Calls

Excluding HCP &  
NHS 111 calls

Falls

Breathing  
Problems

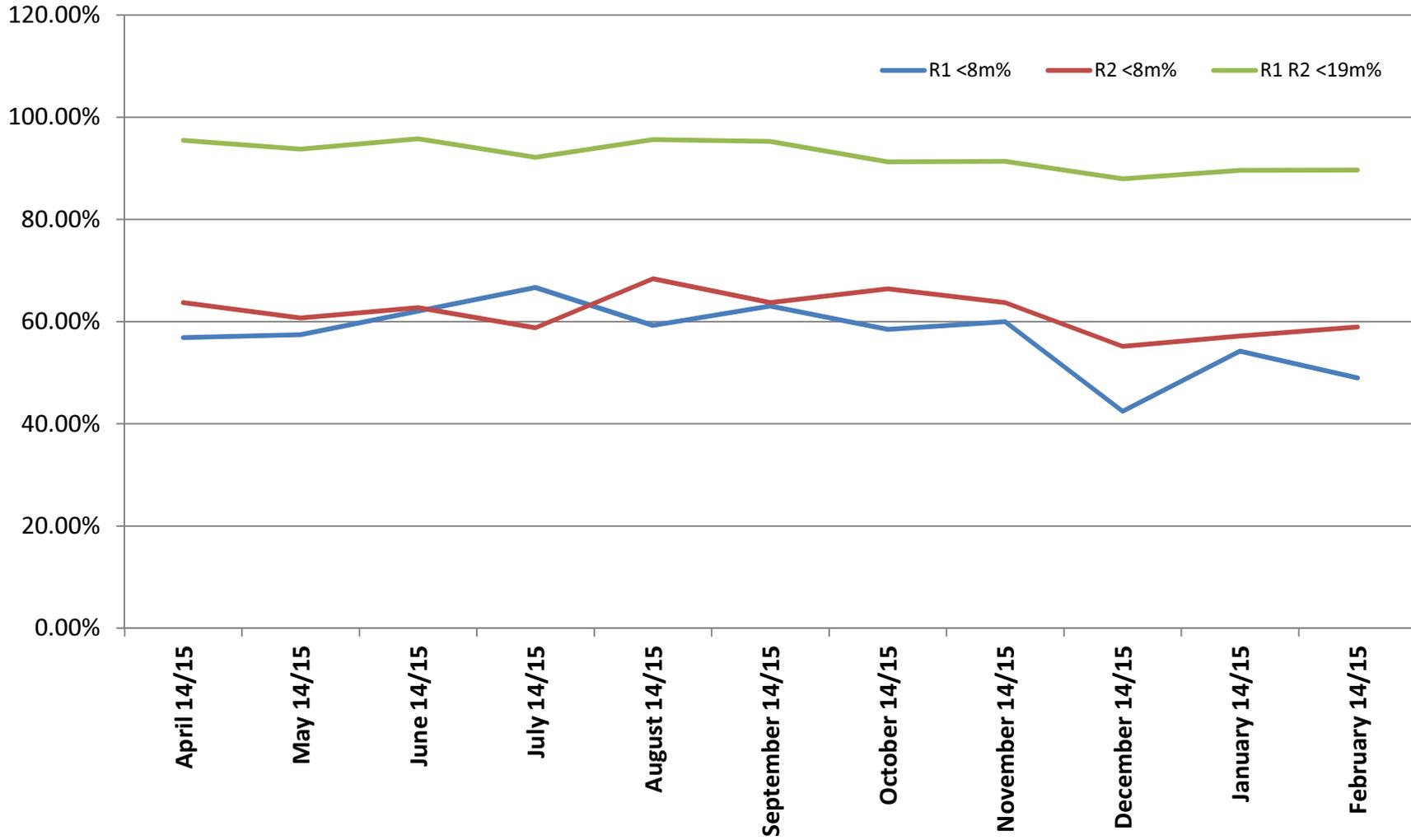
Chest  
Pains

Unconscious /  
Fainting

Sick  
Person

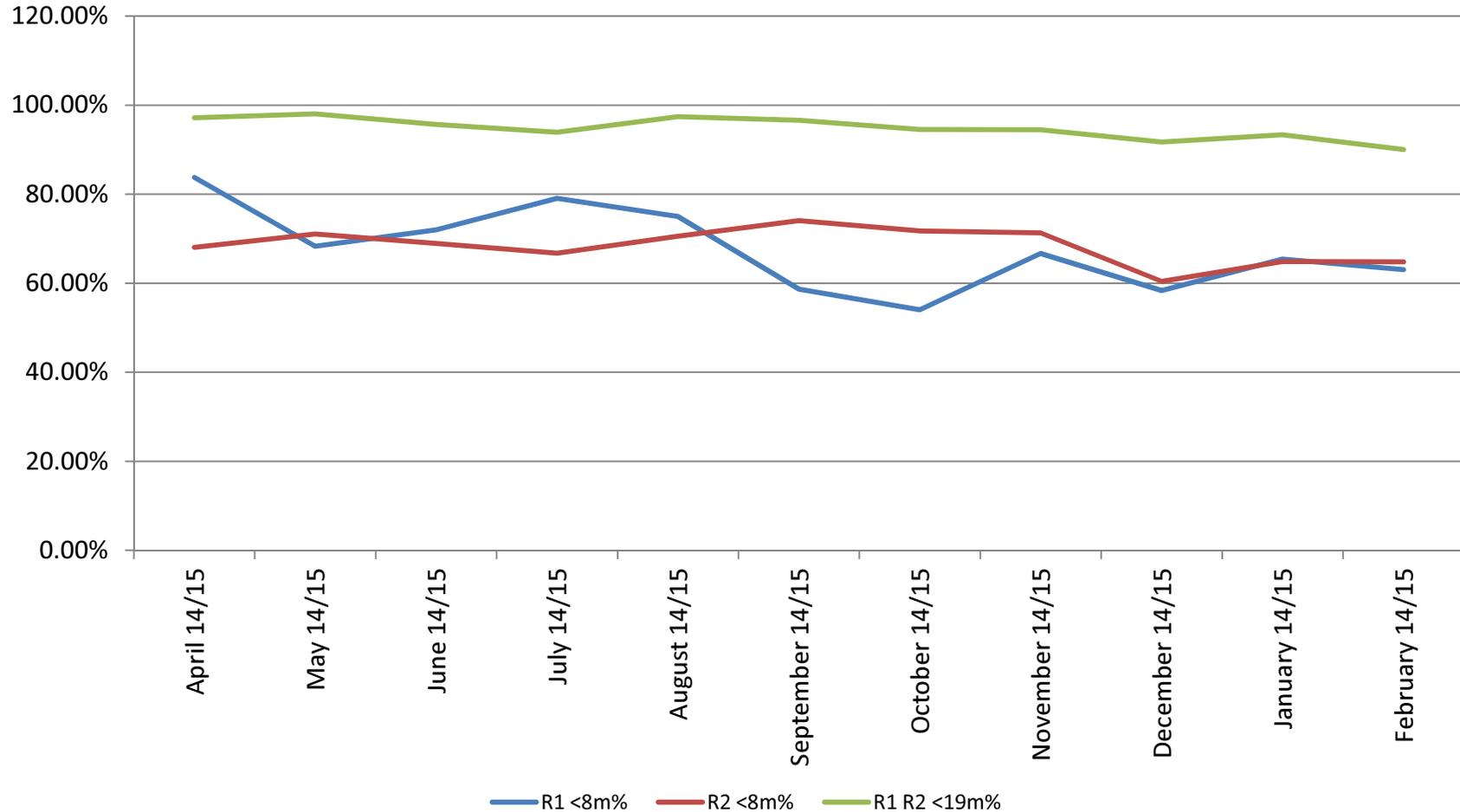
# East Cheshire Performance

## RED Performance YTD



# South Cheshire Performance

## RED Performance YTD



# East Cheshire

## Demand By Category of Call

Indicator	2013/14	2014/15	Difference from last year	% change
Emergency Calls	24178	25704	1526	6.31%
Incidents With Responses	20587	21579	992	4.82%
Red Response	7595	8320	725	9.55%
R1 Resp	563	580	17	3.02%
R2 Resp	7032	7740	708	10.07%
G1 Resp	1544	1255	-289	-18.72%
G2 Resp	5426	6049	623	11.48%
G3 Resp	1609	2087	478	29.71%
G4 Resp	4413	3868	-545	-12.35%

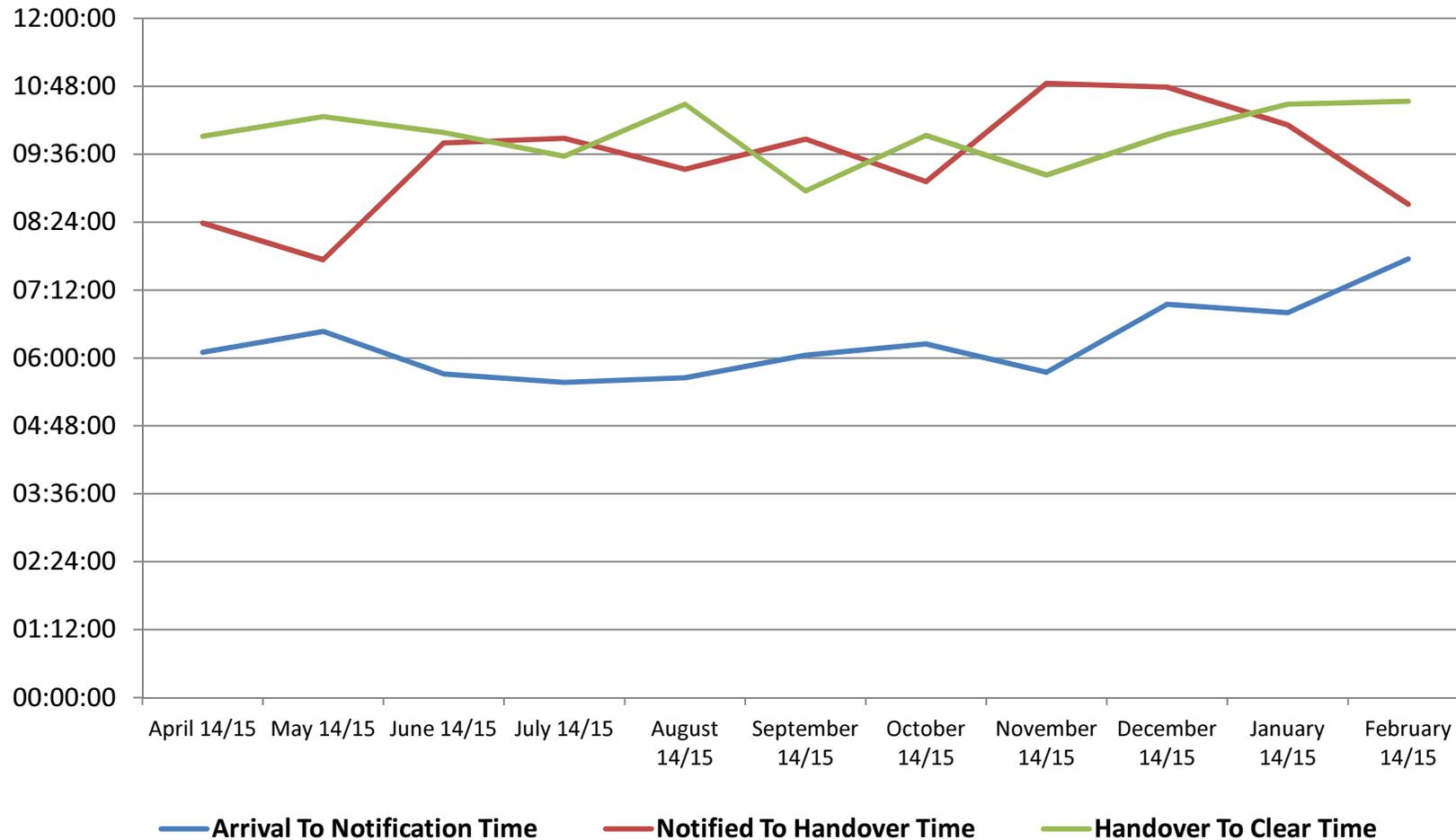
# South Cheshire

## Demand By Category of Call

Indicator	2013/14	2014/15	Difference from last year	% change
Emergency Calls	22394	23772	1378	6.15%
Incidents With Responses	19499	20452	953	4.89%
Red Response	7309	8023	714	9.77%
R1 Resp	551	511	-40	-7.26%
R2 Resp	6758	7512	754	11.16%
G1 Resp	1358	1137	-221	-16.27%
G2 Resp	5286	5841	555	10.50%
G3 Resp	1546	1942	396	25.61%
G4 Resp	4000	3509	-491	-12.28%

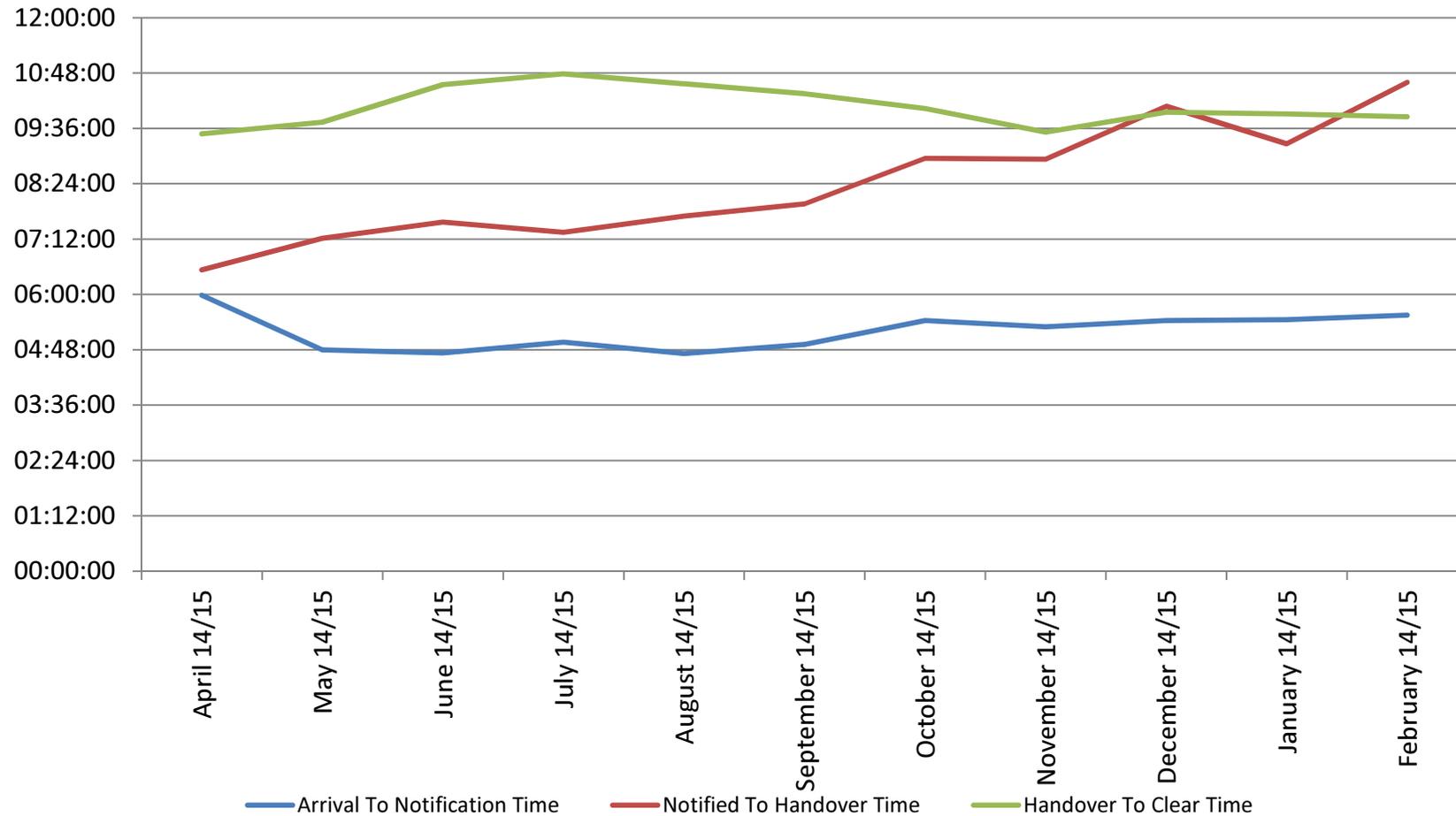
# Macclesfield District General Hospital Hospital Arrival Screen Information

## Average Handover / Turnaround Times



# Mid Cheshire Hospitals NHS Foundation Trust Hospital Arrival Screen Information

## Average Handover / Turnaround Times



# Working with Responders

- Community First Responders are teams of volunteers who live and work in communities.
- Trained and activated by NWS to attend certain calls where time can make the difference between life and death.
- Calls can include chest pain, breathing difficulties, cardiac arrest, unconsciousness, fitting, arrest of haemorrhage and diabetic emergencies.
- Responders provide care and support until the arrival of the emergency ambulance.



# Cheshire Co-Response Initiative

- Co-Response provides patients with rapid access to life saving interventions in terms of early Cardiopulmonary Resuscitation and early defibrillation.
- The Cheshire initiative involves eight retained Firefighters.
- It has been in operation since 9 September 2009.
- The team attempt to provide 24 Hour, 7 Day cover subject to priority manning on the Station Fire Appliance.
- Firefighters receive training which is approved by NWAS.
- Have support from NWAS' Cheshire and Merseyside Community Resuscitation Manager and a nominated Clinical contact.

# Responding in Cheshire 2014/15

**1275** emergency calls responded to collectively by all Cheshire East First Responders.

**166** Emergency Calls responded to by Fire Co-Responders.

# The Ambulance Service Has Changed.....

- Traditional view of '**scoop and run**' changed dramatically
- Case **mix** has changed
- Paramedic role introduced in 1981
- Comprehensive **clinical leadership** structure and model
- Paramedic **skills** now, could only be done 10 years ago in a hospital or by a GP
- **There's more to come.....**



# Evolving Role

- Enhanced treatment role - a community based provider of mobile urgent care and emergency health care
- Safely manage more patients at scene, treating them at home or referring them to a more appropriate community based service
- Further opportunities to assess, prescribe, manage exacerbations of chronic illness
- Working even closer with GPs and community services



# Why?



Managing the demand is  
**unsustainable**  
if change doesn't happen



Less than **10%** of  
incidents are actually  
**life threatening**



**Fallers**  
make up **17%** of all  
999 activity



**31%** of all PES activity  
between  
**12:00 and 15:00**  
is from HCPs



Patients with known long  
term conditions call 999  
**six times** more often  
than other service users



**54%** of patients arriving at  
ED by ambulance end up in  
a **hospital bed**  
(75% of admissions over  
65 years of age)

As many as 1 in 5 of the projected population will have an underlying chronic health problem or problems



That's a possible 1.44 million patients with known or unknown underlying health issues.....

..and the population is ageing...by 2035 the number of > 85's will triple.



As we get older, we inevitably have more long term health problems.

In a recent pilot, 70% of patients referred into alternative pathways of care were over 65 years of age.

# Changes to Emergency and Urgent Care

## Objectives:

- To provide a robust **urgent care service** for those who call 999 but do not necessarily need an ambulance or to go to hospital.
- Deliver a reliable and efficient NHS 111 service.
- **Reduce** number of patients who **attend** emergency departments .
- Ensure patients receive the right care, at the right time and in the right place.
- **£500,000** investment in Urgent Care
- **The principles of 'Hear and Treat', 'See and Treat' and 'Treat and Convey'**.

# Working Differently

- Paramedic Pathfinder
- Community Care Pathways and Plans
- Acute visiting scheme
- Community Paramedics
- GP Bureau
- Urgent Care Desk
- Clinical Hub
- Frequent Callers Initiative
- Mental Health care



# Educating the Public (and our partners)

- Closing the gap between the public perception/expectation and the ambulance offer
- Calling 999 does not always means an ambulance or a trip to hospital
- Breaking down the complex service offer into digestible, consumer friendly chunks.



North West Ambulance Service   
NHS Trust



**Thank You and Any Questions?**