

Response to Cheshire East OSC Recommendations

This paper represents a formal response and update based on requirements set out by the East Cheshire OSC report into Paramedic Emergency Services (PES) provided by North West Ambulance Service. The response is written from an East Cheshire Clinical Commissioning Group (CCG) perspective drawing on close collaboration between the various local health agencies and social care providers. Particular reference is made to South Cheshire and Vale Royal CCG where appropriate.

This paper reflects the importance attached to the in-depth review into PES and how seriously the matter is considered by East Cheshire, South Cheshire and Vale Royal CCGs. The PES programme is dynamic, so this paper provides a ‘snap shot’ as at 31st August 2016.

Background

After an extensive and highly intensive investigation into Paramedic Emergency Services (PES), the East Cheshire OSC team has gained an in-depth understanding of the determinants and restraints for effective PES operations. East Cheshire CCG itself commissioned its own in-depth report into comparative PES performance within the NHS England footprint. The identified variables and determinants of local performance are applicable to all CCG non-urban locations. Significantly, there is clear recognition that national performance standards need to change. East Cheshire OSC recommendations and commissioner and provider responses are summarised below.

Objective

To ensure local residents are provided with a safe, effective and quality emergency ambulance service with equality of access to residents in the rest of the North West and NHS England.

Response to Recommendations from East and South and Vale Royal CCGs

1. National Key Performance Indicators - the KPIs.

The Department of Health and NHS England have been reviewing the way emergency ambulance services are measured on performance to ensure more positive health outcomes for patients are considered; to bring them into line with performance measurement with other NHS agencies, as well as maintaining equitable access targets.

As a result, there are tentative moves towards a more 'dispatch on disposition' approach (DoD) which allows for a more effective initial clinical assessment by telephone, ie at the time of first 999 or 111 telephone call.

DoD will apply for all urgent calls other than life threatening Red 1 calls. The objective is to provide sufficient time to more closely assess a patient's clinical condition and therefore provide a more appropriate solution; this means dispatching a more appropriate paramedic and/or vehicle for on-site clinical assessment, or indeed, avoid sending a paramedic all together by recommending clinical referral to an alternative service.

The Department of Health and NHS England review of pre-set access targets for emergency ambulance services is to ensure absolute relevance to the way ambulance services operate in the future as a full partner cooperating within the wider health service, and to ensure the service remains fully focused on providing a timely response to all genuinely life threatening episodes, ie Red 1 call-outs.

New Clinical Hub

A major new initiative is the development of the North West clinical hub derived from positive experience of 'clinician to clinician' advice by telephone. Red call-outs aside, as of October, all other calls are to be given more time for effective clinical assessment. This combines best practice from NHS 111 (using NHS Pathways) as well as best practice from 999 operations. As a result, a caller to either 999 or 111 may be referred to a clinician whilst on the phone, or be offered a timely call back by an experienced clinician. The clinical hub supports the national criteria for service improvement with 'hear and treat' episodes, while providing more comprehensive clinical back up by phone for paramedics whilst with a patient – all the better to meet 'see and treat' performance criteria.

Early Transfer on Disposition and/or Direct Booking

As a further development of the North West clinical hub there is an opportunity for callers/patients to be given an early transfer or referral based on the disposition given, as a result of their live clinical assessment.

East Cheshire CCG already offers its patients direct booking into GP Out-of-Hours via NHS 111. This initiative represents an opportunity to more fully extend this facility across Cheshire into other clinical services including GP in-hours.

2. Geography v Performance

The Department of Health and NHS England is not reviewing the geography over which performance of ambulance service trusts is assessed in order to help provide greater accountability of trusts to each individual commissioning area or to promote greater equality of access for all patients regardless of where they live.

Geography remains an issue, and indeed as NWAS remains performance targeted on a North West operational footprint; this is still a significant factor in local PES performance. Therefore, a more tactical approach is now anticipated - this approach is two-fold.

The 2016-17 NWAS contract carries a commitment (and incentive) to even-out Red 1 performance at CCG level. How this is achieved is open to debate, however, it will be the subject of considerable local involvement as follows.

NWAS have undertaken to revisit the so called 'Deep Dive' approach undertaken approximately two years previously. This offers a root and branch opportunity to put NWAS paramedics into a genuine partnership role with their local health and social care service provider colleagues. This will require a thorough review and overhaul of local clinical protocols, a review of Directories of Service for East, South and Vale Royal CCGs and acceptance that the local health economy has changed since the previous 'Deep Dive' exercise. This fresh review is expected in year.

3. Management of 'Green' calls

The Department of Health and NHS England have reviewed the way emergency ambulance services are commissioned in relation to GREEN calls. This is to provide greater flexibility for local areas to design services aimed at local needs while achieving local outcomes as part of the local health and care system, therefore contributing to reducing demand for ambulance response to non-life threatening 999 calls – GREEN call-outs.

There is a proposal to re-calibrate the way PES KPIs are set out moving towards a 'Red, Amber, Green' approach. This would be associated with changes in the way calls are initially classified and formally coded but these changes are not anticipated until Spring next year and do not affect this year's NWAS PES contract.

As described above, the North West clinical hub is designed to accommodate callers classified as 'Green' to ensure that they are appropriately channelled. 'Early transfer on disposition' and/or 'direct booking' into relevant service will to a degree accommodate this recommendation.

4. Paramedic Prescribing of Medicines

The Department of Health and NHS England support efforts to enable paramedics to be trained and authorised to prescribe a greater range of medication to patients to reduce the need for other health services to also respond to the same incident.

Already this is permissible within other ambulance services, eg West Midlands Ambulance Service.

There are no plans within this year's NWS PES contract to extend the prescribing capabilities of paramedics. At the time of writing, neither are there plans to expand medicine prescribing for paramedics in next year's PES contract. However, negotiations re NWS PES contract for 2017-18 have yet to commence.

5. Paramedic Response to Mental Health

The Department of Health and NHS England review how patients with mental health needs are triaged and calls coded to ensure a timely response from emergency ambulance services to non-life threatening calls, so that additional issues for the patient are avoided.

This is an important area and one being addressed locally by initiatives as described above.

NWS paramedics require more advanced training about mental health conditions, the patients and their requirements and such training is being refreshed by NWS as a matter of priority in year.

In addition, access to local mental health services requires careful review, and should be reflected on local Directory of Services for East and South Cheshire and Vale Royal CCGs – mental health services and access to them via the local DoS.

Paramedics will have additional telephone support via the North West clinical hub, while there will more opportunity to evaluate initial phone calls (either 999 or 111) because of changes as previously described; ie, changes allowable under 'dispatch on disposition' – DoD.

6. Mental Health Facilities in Area

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and NWS work together with Cheshire East Council, East and South Cheshire and Vale Royal CCGs to ensure there is sufficient capacity in the mental health care system to support such patients and avoid lengthy out of area journeys which take ambulance crews out of local service for long periods.

Access to local mental health services requires review, and to be reflected on local Directory of Services for East and South Cheshire and Vale Royal CCGs – mental health services on the DoS.

Paramedics will have additional telephone support via the North West clinical hub, while there will more opportunity to evaluate initial phone calls (either 999 or 111) because of changes as described above; changes allowable under 'dispatch on disposition' – DoD.

7. Review of Current NWAS Resources

NWAS ensures equality of access to emergency ambulance services for residents in comparison with other areas of the North West by ensuring sufficient provision of such alternatives as Rapid Response Vehicles (RRVs) and/or Community First Responders (CFRs) to aid improved access to life saving treatment, particularly in rural areas.

The 2016-17 NWAS contract carries a commitment (and incentive) to even-out Red 1 performance from one area to another at CCG level.

NWAS has undertaken to revisit the so called 'Deep Dive' approach undertaken previously – see above. Part of this is to look at alternative models of provision, which will be undertaken by sophisticated computer analysis using their Optima resource planning tool. This review is expected in year.

8. Use of Data Collection and Analysis

NWAS process and report paramedic emergency service response time data at smaller geographical levels to provide greater detail in Ambulance Services Review Final Report April 2016 in relation to the performance to better identify communities/areas where efforts to improve performance can be better targeted.

The 2016-17 NWAS contract carries a commitment (and incentive) to even-out Red 1 performance from one area to another at CCG level. There are no plans to change regular contractual reporting requirements.

However, NWAS has undertaken to revisit the so called 'Deep Dive' approach undertaken previously – see above. Part of this is to look at alternative models of provision, which will be undertaken by sophisticated computer analysis using their Optima resource planning tool. This will of necessity involve closer interrogation of all available data relevant to East and South Cheshire and Vale Royal. Specific one-off analysis is expected in year.

9. Behaviour of Health Care Professionals – Card 35 call outs

NWAS work with other local health care professionals, especially primary care providers to develop a new approach to arranging Card 35 calls (health care professionals) in order to help ensure these do not take place during peak activity for emergency ambulance services. This is a joint responsibility between the CCGs and NWAS. Generally this means significant and permanent structural changes to how General Practice operates.

Meanwhile, NWAS record Card 35 call outs and there are ongoing initiatives and general communication activities designed to encourage changes in the behaviour of health care professionals.

10. Seven Day Working

Cheshire East Council, Eastern and South Cheshire and Vale Royal CCG ensure that there are sufficient health and care services in place and available over a seven day week to ensure emergency ambulance services have sufficient alternative options to improve patient pathways and increase the use of 'hear and treat', 'see and treat' and 'see and convey elsewhere' to reduce non-essential conveyance to hospital emergency departments.

NWAS PES 999 and NHS 111 are already 24/7, 365 day services. The above initiatives as described on the part of NWAS and the current North West contractual agreements are designed to further complement seven day working. However, the clinical hub, direct booking etc are to a large extent dependent on the availability and accessibility of local clinical services. Primary care in-hours are Monday to Friday 8am to 6pm with some extended hours at weekends. Out of Hours takes over primary care in the evenings and at weekends. Community care is not fully 7 days; neither is social care. Obviously, A&E is 24/7 but many services within the hospital are Monday to Friday with limited extensions over the weekend.

In real time, options open to NWAS and their paramedics will vary by time of day and day of week. Local CCG Directories of Services – DoS – need to be accurate and up to date to accommodate calls made in real time.

Encouragingly, East Cheshire does offer direct booking into GP out-of-hours via NHS 111. One of the first CCGs to commission direct booking into primary care.

11. Cheshire East Care Services DoS v East Cheshire CCG DoS

North West Ambulance Services NHS Trust ensures that all call handlers, urgent care desk personnel and paramedic crews have access to and utilise the Cheshire East Care Services Directory of Services to ensure they are aware of alternative services available to them when deciding on a patient's pathway.

NWAS call handlers do not have access to the Council DoS facility. Therefore, CCG DoS entries should include services offered via the Cheshire East Services directory. CCG DoS needs to be accurate and up to date to accommodate calls made in real time.

12. Role of Community Paramedics

NWAS in partnership with the CCGs work to maintain the role of Community Paramedics and expand their role to provide alternative response to calls and work with local partners to reduce demand for 999.

NWAS has undertaken to revisit the so called 'Deep Dive' approach undertaken previously – see above. Part of this is to look at alternative models of provision, which will be undertaken by sophisticated computer analysis using their Optima resource planning tool. This review is expected in year.

13. Development of 'Falls' service accessible by Paramedics

NWAS in partnership with CCGs should consider how 'Falls' pick up and prevention service pilots can be fully implemented and expanded with greater co-ordination to avoid duplication and confusion, potentially through a single point of contact with respective local providers.

NWAS has undertaken to revisit the so called 'Deep Dive' approach undertaken previously – see above. Part of this is to look at alternative models of provision including the management of 'Falls' patients.

The new clinical hub is expected to contribute to improving local 'Falls' services.

14. Cooperation with Cheshire Police and Cheshire Fire and Rescue Service

NWAS in partnership with Cheshire Police and Cheshire Fire and Rescue Service should consider ways to sustain initiatives to work together to improve call handling and triage of incidents to improve patient pathways and reduce unnecessary ambulance service requests.

Cheshire Fire and Rescue are embarking on a partnership with NWAS but in only a limited operational way, as follows.

Firstly defibrillators have been installed in all fire tenders with appropriate training given to fire service crews for use in the event of cardiac arrest.

In addition in year, a limited role for 'falls' prevention is being undertaken by Cheshire Fire and Rescue teams. However, fire crews are not clinicians, so their 'hands on' role is heavily restricted to 'falls prevention' especially in care homes. Operational protocols are strict, so should a crew encounter a 'faller' that needs immediate clinical attention, they are required to call NWAS to provide early paramedic support.

There are no plans to work more closely with Cheshire Police other than the usual day to day liaison and cooperation. Last winter NWAS deployed an experienced paramedic in the police control centre to advise about people in clinical crisis as and when appropriate.

15. Improving Ambulance Turnaround at A&E

NHS England (Cheshire and Merseyside area team) work with acute trusts in the region to ensure that lessons are learnt from East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust in relation to ambulance turnaround at emergency departments to reduce excessive waiting times.

There have been a number of initiatives in year dedicated to resolving ambulance turnaround delays. Failure on the part of acute trusts has been subject to a regime of fines in a zero tolerance environment managed by the lead PES commissioners in Blackpool. However, such is the pressure on many trust A&E departments; the fines

regime has become ineffective. Currently, ambulance turnaround times are deteriorating again.

Concordat

Meanwhile, a national 'Concordat' has been instituted by NHS England requiring individual acute trusts to sign a pledge that they will comply by ensuring ambulance turnaround is facilitated within the given time frame of 30 mins or less. Fortunately, the trusts closest to East and South Cheshire and Vale Royal are excellent at local compliance as recognised in the recommendation.

A&E Delivery Boards

Most recently, NHS England has announced that each area must adopt an A&E Delivery Board whose members are executive directors of the local providers. Primarily, these new Boards (September 2016) are intended to ensure compliance with the 4 hour A&E target and they are expected to orchestrate the local health and social care providers in order to meet the objective. By meeting the 4 hour objective, acute trusts will help ensure ambulance PES crews are released more speedily.

16. Empowered Person

Health and Care Bodies continue to follow the principle of the 'Empowered Person' and maintain campaigns to educate the public about supporting their own health and wellbeing and choosing the most appropriate health and care services when needed.

These initiatives are encouraged by the CCGs and their provider partners and involve communication and engagement teams across Cheshire. Social media is being increasingly used to project 'choose well' and 'make the right choice' type messages.

NHS111 is also available 24/7, 365 days to help channel residents to appropriate services, whether that is their local pharmacy or GP out-of-hours service.

17. Cheshire East Healthwatch

Cheshire East Healthwatch are requested to share the findings of its research into patient satisfaction with ambulance services with the Health and Adult Social Care Overview and Scrutiny Committee.

The NWAS team is available to liaise with Healthwatch teams as and when appropriate and welcomes input from all local providers and watch committees.

18. Health and Adult Social Care Overview and Scrutiny Committee

The Health and Adult Social Care Overview and Scrutiny Committee requests a response to the recommendations of this review from stakeholders and continues to monitor the development and implementation of new ways of operating and commissioning ambulance services with a follow up review to take place twelve months following the publication of this report.

This short paper provides the considered response from East Cheshire, South Cheshire and Vale Royal CCGs. Content is correct at the time of writing.

31st August 2016.